# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete th	1 Filer ID (Ethics Comr 0008827	nission Filers)	<ul><li>2 Total pages filed:</li><li>29</li></ul>
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIR	ST rina L.	MI	OFFICE USE ONLY
NAME				Date Received  ELECTRONICALLY FILED
	NICKNAME LAS	st rson	SUFFIX	02/05/2024
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUI 609 Goliad St.	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
ADDRESS	#672			Receipt # Amount
Change of Address	Rockwall, TX 75087			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	
TREASURER NAME		llyn B.		
	NICKNAME LAS	T	SUFFIX	
		orici		
C CAMBAICNI	CTREET ADDRESS (NO DO DOV	DI FACE). AF	OT / CLUTE # OITY	CTATE: 71D CODE
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX 421 Office Park Dr.	PLEASE); AF	PT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Mountain Brook, AL 35223			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (205) 440-2873	IMBER EXTENSION		
8 REPORT TYPE		Oth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 81	h day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2024	THROUGH	01/25/2024	1
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/05/2024	General	Special	
11 OFFICE	OFFICE HELD (if any)	_1	12 OFFICE SOUGHT	(if known)
			State Representa	ttive District 33
	1		1	
		GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Pierson, Katrina L.			<b>14</b> Filer ID 00088279	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without to equired to report this information	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ΛΕ			
<u> </u>	GENERAL	001447777	NDF00			
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)						0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOANS	5)	\$	76,754.77
EXPENDITURE TOTALS						
4. TOTAL POLITICAL EXPENDITURES						25,898.85
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	79,383.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
				trina L. Pierson  Candidate or Officeho	ldor	
			Signature of	Candidate of Officerio	iuei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		_ day
of	, 20, to c	ertify which, witness	my hand and seal of office.			
Cignotius of -ff	oor administrative	Dripted sec	of officer administration	Tial and affine	r administrati	ng ooth
Signature of Offi	cer administering	ницеи name	of officer administering	Title of office	i aummisterii	ng uatn

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

			С	OVER	<b>SHEET PG 3</b> 3 of 29
	ER NAM		19 Filer ID	(Ethics	Commission Filers)
		Catrina L.	00088279		
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	76,754.77
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	19,828.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,069.89
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
The Instru	uction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/29	
2 FILER NAME Pierson, Ka			3	Filer ID (Ethics Commissio 00088279	n Filers)
4 Date 01/24/2024	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$26.03
	RICHARDSON, TX 75082				
8 Principal occ RETIRED	upation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	s)		
Date 01/25/2024	•		•	Amount of Contribution (\$)	\$250.00
Drivered	FLOWER MOUND, TX 75022	Frankrija (Caa kastuustia sa			
HOMEMAK	upation / Job title (See Instructions)  (ER	Employer (See Instructions HOMEMAKER	5)		
Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$260.25
	ROCKWALL, TX 75087				
Principal occ CARDIOLO	upation / Job title (See Instructions) DGIST	Employer (See Instructions GREENVILLE CARDIO		GY	
Date 01/23/2024			•	Amount of Contribution (\$)	\$100.00
Principal occ RETIRED	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	<u>                                      </u>		
Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$120.24
Principal occ RETIRED	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	<u>(</u> S)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/29	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/05/2024	<ul> <li>Full name of contributor  out-of-state PAC BRIGGS, KARLA</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$52.05
0	Principal occu	ROCKWALL, TX 75087	lo.	Employer (See Instructions	<u>,,</u>		
•	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	»)		
	Date 01/12/2024	Full name of contributor out-of-state PAG BURNS, JETT  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$52.05
	Principal occu	FREDERICKSBURG, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	TECHNOLOGY			WFW MANAGEMENT	,		
	Date 01/25/2024	Full name of contributor out-of-state PAC CALDWELL, SHARON  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$100.00
	Dringing agg	HEATH, TX 75032 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	»)		
	Date 01/03/2024	Full name of contributor out-of-state PAC CALLAHAN, PATRICK  Contributor address; City; State; Zip Code  CHICAGO, IL 60640		)		Amount of Contribution (\$)	\$10.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions LAW OFFICE OF JOSE		I J BOGDAN	
	Date 01/16/2024	Full name of contributor out-of-state PAC CANNAVO, GARY Contributor address; City; State; Zip Code ROCKWALL, TX 75087		)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

MONET	FARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
The Instru	iction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/29	
2 FILER NAME Pierson, Ka			3	Filer ID (Ethics Commissio 00088279	n Filers)
4 Date 01/03/2024	5 Full name of contributor  uut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$50.00
	BEENBROOK, TX 76116				
8 Principal occu OWNER	upation / Job title (See Instructions)	9 Employer (See Instructions CHESHIRE INDUSTRIE			
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: CLABORN, MATT Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.24
	ROWLETT, TX 75088				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	s)		
Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_DAVIS, DWIGHT  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10
Dringing ogg	HOUSTON, TX 77093 upation / Job title (See Instructions)	Employer (See Instructions	<u>''</u>		
·	ACTITIONER	TEXAS DOT PHYSICAL			
Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ DEROBIO, MICHAEL  Contributor address; City; State; Zip Code  SACHSE, TX 75048		•	Amount of Contribution (\$)	\$26.03
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions CHILDRENS HEALTH	5)		
Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_ DEWBERRY, DIANE  Contributor address; City; State; Zip Code  FATE, TX 75189			Amount of Contribution (\$)	\$52.05
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)		
	·				

WONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
The Instru	uction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/29
2 FILER NAME Pierson, Ka			3	Filer ID (Ethics Commission Filers) 00088279
4 Date 01/09/2024	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$33.00
	JACKSONVILLE, FL 32202			
8 Principal occi INVESTME	' '	9 Employer (See Instructions SELF EMPLOYED	s)	
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: FAMILY EMPOWERMENT COALITION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
Principal occ	AUSTIN, TX 78734 cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ FITZGERALD, JAMES  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$50.00
Principal occ	ROCKWALL, TX 75087 supation / Job title (See Instructions)	Employer (See Instructions	  -  s)	
Date 01/17/2024				Amount of Contribution (\$) \$26.03
Principal occi RETIRED	supation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>	
Date 01/14/2024	Full name of contributor out-of-state PAC (ID#:_ GOTTLEABER, TERRI Contributor address; City; State; Zip Code  ROCKWALL, TX 75087			Amount of Contribution (\$) \$100.00
	1		<u> </u>	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/29	
2	FILER NAME Pierson, Katı	rina L.			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 01/23/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing age	AUSTIN, TX 78746	lo.	Employer (Coo Instructions			
8	Principal occu PRINCIPAL	pation / Job title (See Instructions)	9	Employer (See Instructions TEXAS LEGISLATIVE A		SOCIATES	
	Date 01/23/2024	Full name of contributor  HARMON, CINDY  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$20.24
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:)		
	DENTAL HY			DYER DENTISTRY	,		
	Date 01/23/2024	Full name of contributor HARMON, MICHAEL  Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.24
	D: : 1	ROCKWALL, TX 75087					
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 01/10/2024	Full name of contributor HILGENDORF, RYAN Contributor address; City; Stat ROCKWALL, TX 75032	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$52.05
	Principal occu FLIGHT INS	pation / Job title (See Instructions) TRUCTOR		Employer (See Instructions TERRELL AVIATION	)		
	Date 01/20/2024	Full name of contributor HILLERY, DENNIS Contributor address; City; Stat ROCKWALL, TX 75087	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.10
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	i)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/29	
2	FILER NAME Pierson, Katı	ina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/21/2024	<ul> <li>Full name of contributor  out-of- HOFFMAN, BONNIE JO</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$21.07
8	Principal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	9	Employer (See Instructions HOMEMAKER	<u>;</u> )		
	Date 01/19/2024	Full name of contributor out-of-HOGAN, JERRY  Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	<u> </u>		
	Date 01/25/2024	Full name of contributor out-of-HOOTEN, TOM  Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)		
	Date 01/17/2024	HOPKINS, MONA		)		Amount of Contribution (\$)	\$250.00
	Principal occu HOMEMAKE	pation / Job title (See Instructions)		Employer (See Instructions HOMEMAKER	()		
	Date 01/07/2024	Full name of contributor out-of-HOWARD, KATHY  Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$21.07
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	<u> </u>		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/29	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/21/2024	Full name of contributor	C (ID#:	)	7	Amount of Contribution (\$)	\$21.07
		FATE, TX 75189					
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions MESQUITE ISD	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAG JEFFUS, MELBA Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$21.07
		ROCKWALL, TX 75087	-	5 1 (0 1 1 1			
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAG KAMESCH, MICHAEL  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$26.03
		RICHARDSON, TX 75082					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		
	Date 01/16/2024	Full name of contributor out-of-state PAGE KIPPHUT, LORNA Contributor address; City; State; Zip Code  ROCKWALL, TX 75032		)		Amount of Contribution (\$)	\$104.10
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAG LAMB, TERESA Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	C (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
_			I_				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/29
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission Filers) 00088279
4	Date 01/25/2024	Full name of contributor     LANZRATH, LARRY     Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$) \$26.03
0	Dringing ogg	HEATH, TX 75032	lo.	Employer (See Instructions	<u>,,</u>	
8	REAL ESTA	pation / Job title (See Instructions) TE	9	Employer (See Instructions SELF EMPLOYED	5)	
	Date 01/25/2024	Full name of contributor [LANZRATH, SARA Contributor address; City; Star		)		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)	
	PROPERTY			SELF EMPLOYED		
	Date 01/03/2024	Full name of contributor [ LAVERGNE, GIGI  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	INSURANCE			SELF EMPLOYED	,	
	Date 01/24/2024	Full name of contributor  MAHROUM, ERIC  Contributor address; City; Star  FORT WORTH, TX 76133	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$) \$260.25
	Principal occu BUSINESS (	pation / Job title (See Instructions)  OWNER		Employer (See Instructions SELF EMPLOYED	5)	
	Date 01/24/2024	Full name of contributor  MARCHETTI, THOMAS  Contributor address; City; Star  ROCKWALL, TX 75032	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$) \$26.03
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			1			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/29	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/16/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$20.24
_	Deireirel	ROCKWALL, TX 75032		Faralassa (Osas lastassatisas			
8	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	5)		
	Date 01/25/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$26.03
	Principal occu	EAST PROSPECT, PA 17317 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	RETIRED	pation / Job title (See Instructions)		RETIRED	·)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (IMCCARRON, ADELE Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$36.44
		ROCKWALL, TX 75087			_		
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	S)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (IMCGOWAN, RYAN Contributor address; City; State; Zip Code OLNEY, MD 20832		)	•	Amount of Contribution (\$)	\$104.10
	•	pation / Job title (See Instructions) CUTIVE OFFICER		Employer (See Instructions ILA	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (IMCLEMORE, PAM Contributor address; City; State; Zip Code RICHARDSON, TX 75082	D#:		•	Amount of Contribution (\$)	\$26.03
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTION		<b>■ A1</b>			
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/29	
2	FILER NAME Pierson, Katı	ina L.			3	Filer ID (Ethics Commission 00088279	Filers)
4	Date 01/23/2024	5 Full name of contributor out-of-state PAC (ID#:)  MCLEMORE, PAM  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.24	
_	5	RICHARDSON, TX 75082	T_	5 1 (0 1 1 1	<u> </u>		
8	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	5)		
	Date 01/07/2024	Full name of contributor out-of-state PAC (ID#:_MILLER, THOMAS  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
	Principal occu	SAN ANTONIO, TX 78249 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	ENGINEER CONSULTING ENGIN					RS	
	Date 01/25/2024					Amount of Contribution (\$)	\$104.10
		DALLAS, TX 75207	_		<u></u>		
	ENTREPRE	pation / Job title (See Instructions) NEUR		Employer (See Instructions SELF EMPLOYED	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_NASIM, LAURA  Contributor address; City; State; Zip Code  ARLINGTON, VA 22201		)	•	Amount of Contribution (\$)	\$21.07
	Principal occu DEVELOPM	pation / Job title (See Instructions)		Employer (See Instructions DEVELOPMENT	<u>(</u>		
	Date 01/06/2024	Full name of contributor out-of-state PAC (ID#:_ O'ROURKE, CAMEY  Contributor address; City; State; Zip Code  VIENNA, VA 22182		)		Amount of Contribution (\$)	\$21.07
	•	pation / Job title (See Instructions)		Employer (See Instructions MERCATUS CENTER	5)		
	2		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/29	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/06/2024	5 Full name of contributor out-of-state PAC (ID#:) O'ROURKE, PETER  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$21.07
8	Principal occu	VIENNA, VA 22182 pation / Job title (See Instructions) NG	9	Employer (See Instructions SELF EMPLOYED	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/05/2024 OVERBY, STEVEN  Contributor address; City; State; Zip Code  GORMAN, TX 76454					Amount of Contribution (\$)	\$26.03
	Principal occupation / Job title (See Instructions)  SUPERVISOR  Employer (See Instruction BIRDSONG						
	Date Full name of contributor out-of-state PAC (ID#:) 01/04/2024 PARRISHSMITH, SARA  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032					Amount of Contribution (\$)	\$104.10
	Principal occu ESCROW O	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 01/24/2024		•	Amount of Contribution (\$)	\$260.25		
	Principal occu OWNER	pation / Job title (See Instructions)		Employer (See Instructions JACKSON PARKER	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 PATE, ANTHONY K  Contributor address; City; State; Zip Code  ROCKWALL, TX 75087				•	Amount of Contribution (\$)	\$26.03
	•	pation / Job title (See Instructions) JLTANT FOR CHRISTIAN CORPORATIONS		Employer (See Instructions SELF EMPLOYED	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/29	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/06/2024	5 Full name of contributor out-of-state PAC (ID#:)  PHELPS, DAVID  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$260.25
8		HEATH, TX 75032  upation / Job title (See Instructions)  9  Employer (See Instructions					
	Date 01/18/2024	Full name of contributor out-of-state PAG PLUNK, CHRISTY  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$52.05		
		ROCKWALL, TX 75087  pation / Job title (See Instructions)  PUTATION COORDINATOR	<u> </u> s)				
	Date 01/15/2024	Full name of contributor out-of-state PAG PRYOR, PAM Contributor address; City; State; Zip Code  ARLINGTON, VA 22204	)	•	Amount of Contribution (\$)	\$104.10	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions CORNERSTONE CHAR	•	-	
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$52.05
	Principal occu RETIRED	AURORA, IL 60502 pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/06/2024 ROLATER, DONNA  Contributor address; City; State; Zip Code  HEATH, TX 75032					Amount of Contribution (\$)	\$21.07
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CO		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/29	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/25/2024	<ul><li>5 Full name of contributor ROLATER, DONNA</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
Ω	Principal occu	HEATH, TX 75032 pation / Job title (See Instructions)	اه	Employer (See Instructions			
_	COUNCIL M		9	CITY OF HEATH	')		
	Date 01/25/2024	Full name of contributor  ROTH, DOUGLAS  Contributor address; City; State				Amount of Contribution (\$)	\$21.07
	Principal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	.)				
	Principal occupation / Job title (See Instructions)  DIRECTOR OF SERVICES  Employer (See Instruction CIENA						
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:) SANCHEZ, ARMANDO Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$21.07
		FATE, TX 75189					
	Principal occu BOH	pation / Job title (See Instructions)		Employer (See Instructions BRINKER INTERNATION		AL	
	Date 01/02/2024	Full name of contributor  SANDOVAL, CAMILO  Contributor address; City; State  NEW YORK, NY 10011	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$104.10
	Principal occu CONSULTIN	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	()		
	Date 01/10/2024	Full name of contributor  SENSKY, DESTIN  Contributor address; City; State  BENBROOK, TX 76116	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) INESS OWNER		Employer (See Instructions	5)		
	5 LE 500			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/29	
2	FILER NAME Pierson, Katı	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/17/2024	5 Full name of contributor out-of-state PAC (ID#:) SLAMONS, CORINNA  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$26.03
8	Principal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/07/2024 SMITH, EDIE  Contributor address; City; State; Zip Code  ROCKWALL, TX 75087					Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions)  RETIRED  Employer (See Instruction RETIRED						
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID# SMITH, JA'RON  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$260.25	
	Principal occu	HYATTSVILLE, MD 20785 pation / Job title (See Instructions) NT		Employer (See Instructions SELF EMPLOYED	<u> </u> s)		
	Date 01/24/2024	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$260.25
	Principal occu ENTREPRE	pation / Job title (See Instructions) NEUR		Employer (See Instructions SELF EMPLOYED	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 STIBBENS, BEV  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032				•	Amount of Contribution (\$)	\$21.07
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 15/17 Rpt: 18/29
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Pierson, Kat	rina L.		00088279
4	Date 01/24/2024	Full name of contributor	7 Amount of Contribution (\$) \$21.07	
		ROYSE CITY, TX 75189		
8	Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	s)
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/22/2024	TEXANS UNITED FOR A CONSERVATIVE MA	AJORITY PAC	\$50,000.00
		Contributor address; City; State; Zip Code		
		VICTORIA, TX 77901		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/06/2024	WACKER, KATHRYN		\$20.24
		Contributor address; City; State; Zip Code		
		ROCKWALL, TX 75087	1	
	RETIRED	ipation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/15/2024	WACKER, KATHRYN		\$21.07
		Contributor address; City; State; Zip Code		
		ROCKWALL, TX 75087		
	Principal occu RETIRED	ipation / Job title (See Instructions)	Employer (See Instructions RETIRED	s)
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/24/2024	WALLIS, LAUREN		\$26.03
		Contributor address; City; State; Zip Code		
		RICHARDSON, TX 75082		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions GNW SUPPLY	

	MONET	ARY POLITICAL (	S		E <b>A1</b>			
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/29	
2	FILER NAME Pierson, Katı	rina L.				3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 01/07/2024	Full name of contributor					Amount of Contribution (\$)	\$104.10
		MURPHY, TX 75094						
8	Principal occu PRESIDENT	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions BLINK TECHNOLOGY		NSULTING	
	Date 01/14/2024	Full name of contributor WEGNER, HEATHER Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$21.07
	ROCKWALL, TX 75087  Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	CHIEF OPERATING OFFICER THETA STATE CONS						ING, INC.	
	Date 01/16/2024	Full name of contributor WESTPHAL, GARY Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$220.24
		ROYSE CITY, TX 75189						
	Principal occu	pation / Job title (See Instructions	(3)		Employer (See Instructions	s)		
	Date 01/05/2024	Full name of contributor WICKLAND, LEE Contributor address; City; S HEATH, TX 75126	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$26.03
	•	pation / Job title (See Instructions IER AND BAKER	s)		Employer (See Instructions WICKLAND'S CANDIES		ND CONFECTIONS	
	Date 01/12/2024	Full name of contributor WILCOX, RICHARD Contributor address; City; Si ROCKWALL, TX 75087	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
	Principal occu RETIRED	pation / Job title (See Instructions	(3)		Employer (See Instructions RETIRED	;)		

MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/29	
FILER NAME Pierson, Kat			3	Filer ID (Ethics Commissio 00088279	n Filers)
Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ WINKLER, SUMMER  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$104.10	
	HEATH, TX 75032 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: WITTIG, JEANINE Contributor address; City; State; Zip Code	SELF EMPLOYED	•	Amount of Contribution (\$)	\$20.24
Principal occu	POCKWALL, TX 75087  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Date 01/20/2024	Full name of contributor out-of-state PAC (ID#:_WRIGHT, CHARLES  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
Principal occu	ROCKWALL, TX 75032  Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		rc)
_	Total pages Schedule F1: Sch: 1/6 Rpt: 21/29	2 FILER NAME Pierson, Katrina L.  3 Filer ID (Ethics Commission File 00088279	15)
4	Date	5 Payee name	
	01/22/2024	BLUESTONE CREATIVES, LLC	
6	Amount (\$) \$2,886.62	7 Payee address; City; State; Zip Code 5900 BALCONES DRIVE	
		AUSTIN, TX 78731	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		WEB SERVICE	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/22/2024	BLUESTONE CREATIVES, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	5900 BALCONES DRIVE	
		AUSTIN, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		SIGNS	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/22/2024	BLUESTONE CREATIVES, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,150.00	5900 BALCONES DRIVE	
L		AUSTIN, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		CREATIVE DESIGN SERVICES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee I	Gift/Awards/Memoria Legal Services  The Instruction (	·		ages.	/Contract Labor		Travel Out of E OTHER (enter	District a category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 2/6 Rpt: 22/29	l	Pierson, Kat	rina L.						00088279	,
4	Date	5	Payee name								
	01/24/2024	_		TTENHOFF G	ROUP						
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de				
	\$1,821.25	(	611 PENNS	ylvania ave	E SE #267						
		\	WASHINGT	ON, DC 2000	3						
8	PURPOSE	(a) (	Category (See	e Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	/	Accounting/E	Banking				<u> </u>			mplete Schedule T.
								Check if Austin,			
								COMPLIANC	· 🗆 (	JONSOLII	ING
Ļ											
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(	Office sou	ght			Office I	neld
۲	Date		Payee name								
	01/22/2024	l	KEEPERS F	RESS, LLC							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$3,252.91	l	520 LORNA			•					
	+0,202.02										
		ı	HEATH, TX	75032							
	PURPOSE	(a) (	Category (See	e Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	/	Advertising E	Expense				<b>-</b>			mplete Schedule T.
								SIGNS	, IX,	officeholder livi	ng expense
								SIGNS			
_	Complete ONLY if allowed	<u> </u>	ondidata (Off.	obolder :=		Office	a b t			Office 1	aald
	Complete ONLY if direct expenditure to benefit C/OI		anuluate/Offic	eholder name	(	Office sou	ynt			Office I	neiu
H	Date		Payee name								
	01/16/2024	l	,	S DIRECT MA	ARKETING I	LLC					
$\vdash$	Amount (\$)	_	Payee addres			; Zip Co	de				
	\$9,861.73	l	Payee addres 14243 PRO	•	Siale	, ∠ıp C0	uC				
	ФЭ,801./3	'	14243 PKU	ONKD							
		<u> </u>	FARMERS E	BRANCH, TX	75244						
	PURPOSE	(a) (	Category (See	e Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising E					브			mplete Schedule T.
	TVI FIADITORE									officeholder livi	ng expense
								PRINTING / F	O.	STAGE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(	Office sou	ght			Office I	neld
	experience to beliefft C/OI										
_											

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	a category not listed	above)
				The Instruction G	uide explains h	low to cor	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 3/6 Rpt: 23/29		Pierson, Kat	rina L.						00088279		
4	Date	5	Payee name									
	01/02/2024			CHNICAL SEF	RVICES, LLC							
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
•	\$214.70	ľ	1776 WILSO	-	O tatio,	p						
	4210		STE 530	J. ( BE V B								
		┖	ARLINGTO	N, VA 22219								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	EXPENDITURE		Fees					<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
								CREDIT CAF				
								CINEDIT CALL	(0	I ROCESSI	NO I LLO	
_	Complete ONLY if direct	Ц	Candidata/Offic	ahaldar nama	0:	ffice cour	ab+			Office b	ald	
9	expenditure to benefit C/O		Candidate/Offic	enoluer name	U	ffice sou	gnı			Office h	eiu	
	·	_										
	Date		Payee name									
	01/04/2024		WINRED TE	ECHNICAL SEF	RVICES, LLC							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$35.68		1776 WILSO	ON BLVD								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)				1	(h)	Description				
	OF	(")	Fees	e Categories listed at t	ne top of this sche	edule)	(5)	_ ·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 003					Check if Austin	, TX,	officeholder livin	g expense	
								CREDIT CAF	RD	PROCESSI	NG FEES	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	01/05/2024		WINRED TE	CHNICAL SEF	RVICES, LLC							
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$8.43		1776 WILSO	-	•	·						
			STE 530									
				V VA 22210								
		ļ.,	ARLINGTO	N, VA 22219								
	PURPOSE OF	(a)		e Categories listed at t	he top of this sche	dule)	(b)	Description		df.T O		
	EXPENDITURE		Fees							officeholder livin	nplete Schedule T.	
								CREDIT CAF				
	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	<u> </u>	ffice soug	aht			Office h	eld	
	expenditure to benefit C/O		Januluale/Offic	cholder Haille	O	mee soul	giit			Onice II	Ciu	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/6 Rpt: 24/29	Pierson, Katrina L. 00088279
4 Date 01/08/2024	5 Payee name WINRED TECHNICAL SERVICES, LLC
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/09/2024	Payee name WINRED TECHNICAL SERVICES, LLC
Amount (\$) \$8.21	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/10/2024	Payee name WINRED TECHNICAL SERVICES, LLC
Amount (\$) \$31.53	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gu			ages	/Contract Labor		OTHER (enter a	a category not listed above)	
_	Tatal as a second of the Education	_						1	_	ElID	(Ethina Commission Elland)	_
1	Total pages Schedule F1: Sch: 5/6 Rpt: 25/29	2	Pierson, Kat						3	Filer ID 00088279	(Ethics Commission Filers)	
4	Date	5	Payee name									_
	01/11/2024			ECHNICAL SER	VICES, LLC	;						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$2.13		1776 WILSO	ON BLVD								
			STE 530									
			ARLINGTON	N. VA 22219								
8	PURPOSE	(0)					(h)	D inti-				_
o	OF	(a)	•	e Categories listed at th	ne top of this sched	dule)	(D)	Description	outei	do of Toyas Con	anlata Schodula T	
	EXPENDITURE		Fees					Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
								CREDIT CAR				
9	Complete ONLY if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
_	Date		Payee name									=
	01/12/2024		•	ECHNICAL SER	VICES LLC							
_		┝	Payee addres			Zip Coo	40					_
	Amount (\$)		•	•	Sidle,	Zip Cot	ue					
	\$3.04		1776 WILSO	N RLAD								
			STE 530									
			ARLINGTON	N, VA 22219								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	LAI LINDITORE						_		officeholder livin			
								CREDIT CAR	RD I	PROCESSI	NG FEES	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Off	fice souç	ght			Office h	eld	
	Date		Payee name									=
	01/17/2024		WINRED TE	ECHNICAL SER	VICES, LLC	;						
	Amount (\$)		Payee addres	ss; City;	State:	Zip Cod	de					_
	\$4.85		1776 WILSO	•	Otato,	2.p 000	40					
	Ψ4.00			ON BEVB								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Fees					브			nplete Schedule T.	
								<b>—</b>		officeholder livin		
								CREDIT CAR	ע)	PROCESSI	NG FEES	
												_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
L	CAPETIGITATE TO DETICITE C/OF	_										

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 26/29	Pierson, k	Katrina L.		00088279
4	Date	5 Payee nam			
	01/22/2024		TECHNICAL SERVICES, L		
6	Amount (\$)	7 Payee add	•	e; Zip Code	
	\$43.78	1	SON BLVD		
		STE 530	CON 1/4 00040		
			ON, VA 22219	1	
8	PURPOSE OF		(See Categories listed at the top of this s		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees			n, TX, officeholder living expense
				CREDIT CA	RD PROCESSING FEES
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sought	Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 27/29 Pierson, Katrina L. 00088279 Date Payee name 01/08/2024 AMERICAN AIRLINES Amount (\$) Payee address; City; State; Zip Code 1 SKYVIEW DR \$49.95 Reimbursement from political contributions Х intended FORT WORTH, TX 76155 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** WEB SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2024 BLUE RIBBON NEWS LLC Amount (\$) Payee address; City; State; Zip Code \$2,655.00 PO BOX 967 Reimbursement from political contributions Х ROCKWALL, TX 75087 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE NEWSPAPER PRINT** Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/15/2024 **MAILCHIMP** City; State; Zip Code Amount (\$) Payee address; \$191.88 675 PONCE DE LEON AVE NE STE 5000 Reimbursement from Χ political contributions intended ATLANTA, GA 30308 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** EMAIL MARKETING SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		ů	Wages/Contract Labor		OTHER (enter a category not listed above)			
			The Instruction Guide explains how to co	omplete this form.					
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 28/29		Pierson, Katrina L.			00088279			
4	Date	5	Payee name						
	01/12/2024		MINUTEMEN PRESS ROCKWALL						
6	Amount (\$)	7	Payee address; City; State; Zip Ci	ode					
_	\$382.88	ľ	1104 B RIDGE ROAD						
	Reimbursement from		110 I B I N B G L I N G / I B						
	X political contributions		DOCKWALL TV 75007						
	intended		ROCKWALL, TX 75087		_				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	4	Check if travel outside of Texas. Complete Schedule	Τ.		
EXPENDITURE			Advertising Expense	L	-	Check if Austin, TX, officeholder living expense			
				PRINTING / POS	I F	AGE			
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held			
	C/OH								
	Data	Т					_		
	Date		Payee name	ITV					
01/24/2024			REPUBLICAN PARTY OF ROCKWALL COUN				_		
Amount (\$) Payee address; City; State; Zip Code									
	\$2,500.00	\$2,500.00 PO BOX 863							
Reimbursement from political contributions									
	X   political contributions intended		ROCKWALL, TX 75087						
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	С	Check if travel outside of Texas. Complete Schedule	Т.		
OF EXPENDITURE			Contributions/Donations Made By		С	Check if Austin, TX, officeholder living expense			
LXI LINDITORE			Candidate/Officeholder/Political Committee	SPONSORSHIPS					
		Ca	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	01/24/2024		ROCKWALL COUNTY REPUBLICAN WOME	N					
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$40.00		PO BOX 1354						
	Reimbursement from								
	X political contributions intended		ROCKWALL, TX 75087						
	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	<b>1</b> c	Check if travel outside of Texas. Complete Schedule	T.		
	OF		Contributions/Donations Made By		c	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Candidate/Officeholder/Political Committee	SPONSORSHIPS					
	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit								
	C/OH								

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Sala		ages/Contract Labor		Travel Out of OTHER (en	of District Iter a category not lis	sted above)
		_	The Instruction Guide	e explains now t	to coi	iipiete tilis loilii.	_			
1		2	FILER NAME					Filer ID	(Ethics Comm	nission Filers)
	Sch: 3/3 Rpt: 29/29		Pierson, Katrina L.					0008827	79	
4	Date	5	Payee name							
	01/18/2024		THE BAGEL LADY HEATH							
6	Amount (\$)	7	Payee address; City;	State; Zip	o Coo	de				
	\$8.22		207 LAURENCE DRIVE							
	Reimbursement from									
	political contributions intended		HEATH, TX 75032							
_		1,->				(b) Baradatian I				lete Celesdale T
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this schedule)	) [	(b) Description	=		outside of Texas. Ci , TX, officeholder livi	omplete Schedule T.
	EXPENDITURE		Food/Beverage Expense				_		, 1X, officeriolaer livi	ing expense
						FOOD / BEVER	AGE	=		
_		<u> </u>								
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name			Office sought			Office held	
	C/OH									
	Data	Т	_							
	Date		Payee name	ED\ ((0E						
	01/16/2024	上	UNITED STATES POSTAL SI	ERVICE						
	Amount (\$)		Payee address; City;	State; Zip	o Coo	de				
	\$194.00		475 L'ENFANT PLAZA SW							
	Reimbursement from political contributions									
	X political contributions intended		WASHINGTON, DC 20260							
	PURPOSE	T	Category (See Categories listed at the to	op of this schedule)		Description	Ch	neck if travel	outside of Texas. Co	omplete Schedule T.
	OF		Office Overhead/Rental Exper	nse		·	Ch	neck if Austin	, TX, officeholder livi	ing expense
	EXPENDITURE		·			POSTAGE				
	Complete ONLY if direct	Car	ndidate/Officeholder name			Office sought			Office held	
	expenditure to benefit									
	C/OH									
	Date		Payee name							
	01/03/2024		WINGSTOP							
	Amount (\$)	T	Payee address; City;	State; Zip	o Coo	de				
	\$47.96		2435 RIDGE ROAD							
	Reimbursement from									
	X political contributions intended		ROCKWALL, TX 75087							
		$\vdash$				Danasiatian I	<b>—</b>	1 27	/= 0	
	PURPOSE OF		Category (See Categories listed at the to	op of this schedule)	'	Description	_		, TX, officeholder livi	omplete Schedule T.
	EXPENDITURE		Food/Beverage Expense		FOOD / BEVERAGE					
						FOOD / BEVEN	AGL	_		
	Complete ONLY if alias -t	<u>C</u>	adidata/Officabaldar a a a a			Office accorded			Office held	
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name			Office sought			Office held	
	C/OH									