# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Common 00088335		2 Total pages filed: 38
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs.	Jamie S.			Date Received  ELECTRONICALLY FILED
	NICKNAME			CLICEIV	02/26/2024
	NICKNAME	LAST Kohlmann		SUFFIX	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CIT	ГΥ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	8310 Midway Rd.				Receipt # Amount
Change of Address	Dallas, TX 75209				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Benjamin			
	NICKNAME	LAST	•••••	SUFFIX	
	Ben	Kohlmann			
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	8310 Midway Rd.				
(Residence or Business)	Dallas, TX 75209				
7 CAMPAIGN TREASURER PHONE	AREA CODE PI (952) 994-8092	HONE NUMBER	EXTENSION		
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Ye 01/26/2024	ear Th	HROUGH	Month Day 02/24/202	Year 4
40 ELECTION	FI ECTION DATI	-		ELECTION TYPE	
10 ELECTION	ELECTION DATE  Month Day Ye		Primary	Runoff	Other
	03/05/2024			브	Citici
			General	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
				State Board Of E	Education District 12
				•	
		GO 1	TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 38

13 C / OH NAME	Kohlmann, Jamie S.	(Mrs.)	<b>14</b> Filer ID ( 00088335	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to difficeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texans For Educational Freedom		
		COMMITTEE ADDRESS		
	SPECIFIC	PO Box 341027		
		Austin, TX 78734		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Hobbs, Cabell		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		TX		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 115,570.39
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 103,984.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 33,360.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mrs. J	amie S. Kohlmann	
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

## FORM COH **COVER SHEET PG 3**

					3 of 38
_	ER NAN	ME n, Jamie S. (Mrs.)	<b>19</b> Filer ID 00088335	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	91,694.88
2.	Х	\$	23,875.51		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	103,888.65
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		\$	95.60
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

MONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
The Instr	uction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/38	
2 FILER NAM Kohlmann	E , Jamie S. (Mrs.)		3	Filer ID (Ethics Commission 00088335	on Filers)
4 Date 02/13/2024	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$104.10
	Houston, TX 77042				
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions Hyatt Solutions	s)		
Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_4 Bolton, Jennifer Sarah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Nashville, TN 37209		Ĺ		
Principal oci Manufactu	cupation / Job title (See Instructions) ring	Employer (See Instruction: Nissan	s)		
Date 02/13/2024	1 7 .	)		Amount of Contribution (\$)	\$52.0
	Fort Worth, TX 76179				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruction: American Airlines	s)		
Date 02/06/2024				Amount of Contribution (\$)	\$5,165.29
Principal oc Health Pro	cupation / Job title (See Instructions) vider	Employer (See Instruction: High Plains Health Prov		ers	
Date	Full name of contributor  out-of-state PAC (ID#:_ 4 Coates, Christopher  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.53
02/19/2024	Fort Worth, TX 76109				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)				3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/19/2024	<ul><li>5 Full name of contributor Covo, Chris</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$1,041.02
0	Dringing Lagge	Austin, TX 78745		•	Employer (Coa Instructions			
8	Owner -	pation / Job title (See Instructions	5)	9	Employer (See Instructions ECS of Texas	)		
	Date 01/29/2024	Full name of contributor Crosspartisan PAC II Contributor address; City; S	x out-of-state PAC (ID#: C		786202		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Alexandria, VA 22313 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	· ·							
	Date 02/12/2024	Full name of contributor Crow, Harlan Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions	S)		Employer (See Instructions	<u> </u>		
	Business Ov	vner			Self			
	Date 02/19/2024	Full name of contributor Crow, King Contributor address; City; S Dallas, TX 75225			)		Amount of Contribution (\$)	\$300.00
	Principal occu Investments	pation / Job title (See Instructions	5)		Employer (See Instructions Flatland Minerals	5)		
	Date 02/01/2024	Full name of contributor Featherston, Amy Contributor address; City; S Dallas, TX 75218					Amount of Contribution (\$)	\$52.05
	Principal occu Marketing M	pation / Job title (See Instructions anager	s)		Employer (See Instructions American Heart Associa		n	
		9					•	

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)				3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/15/2024	<ul><li>5 Full name of contributor</li><li>Fijan, Bethany</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions	2)	a	Employer (See Instructions	:) 		
0	Nursing Prof		,	9	TWU	·)		
	Date 02/19/2024	Full name of contributor Garcia, Kelly Contributor address; City; S			)		Amount of Contribution (\$)	\$260.25
		Tampa, TX 33609						
		pation / Job title (See Instructions and Volunteer	s) 		Employer (See Instructions NA	5)		
	Date 02/12/2024	Full name of contributor Gibson, Tabitha Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00
		Southlake, TX 76092						
	Principal occu Secretary	pation / Job title (See Instructions	s) 		Employer (See Instructions Self-Employed	s)		
	Date 02/13/2024	Full name of contributor Gittemeier, Luke Contributor address; City; S Dallas, TX 75231	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00
	Principal occu Finance	pation / Job title (See Instructions	5)		Employer (See Instructions Nokomis	s)		
	Date 02/23/2024	Full name of contributor Glover, David Contributor address; City; S Dallas, TX 75230	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$780.76
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/38	
2	FILER NAME	Iomaio C. (Maro.)			3	Filer ID (Ethics Commission	on Filers)
	Konimann, J	lamie S. (Mrs.)				00088335	
4	Date 02/14/2024	<ul><li>5 Full name of contributor  Graff, Rhonda</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$520.51
		Houston, TX 77024					
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/13/2024	Full name of contributor Haight, Claribeth  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.03
	Dringing Loggy	Sierra Vista, AZ 85635		Employer (Coo Instructions	_		
	Benefits con	pation / Job title (See Instructions)		Employer (See Instructions SGIA Medicare Cons	)		
	Benefits Con			SGIA Medicare Coris			
	Date 02/19/2024	Full name of contributor  Hammer, Meredith  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$260.25
		Dallas, TX 75229					
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions NA	)		
	Date 02/22/2024	Henderson, Bryan		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Baker Botts	5)		
	Date 02/08/2024	Full name of contributor Incavo, Stephen Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$208.20
		Houston, TX 77005			L		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Stephen Incavo	)		
	Physician			Stephen Incavo			

	MONET	ARY POLITICAL (	CONTRIBUTION	N:	5		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)				3	Filer ID (Ethics Commission 00088335	n Filers)
4	Date 02/02/2024	<ul><li>5 Full name of contributor Jubinsky, Courtney</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$104.10
		Dallas, TX 75209						
8	Principal occu Real Estate	pation / Job title (See Instructions Agent	9		Employer (See Instructions Dave Perry-Miller RE	s) 		
	Date 02/06/2024	Full name of contributor Keuer, Debbie Contributor address; City; Si			)		Amount of Contribution (\$)	\$208.20
	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions	<i>s</i> )	_	Employer (See Instructions	(s)		
	Homemaker				NA	,,		
	Date 02/13/2024	Full name of contributor LeCroy, Henry Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75218						
	Principal occu Startegy-mis	pation / Job title (See Instructions ssion	(3)		Employer (See Instructions Life on Belay	5)		
	Date 02/13/2024	Full name of contributor Lipson, Benjamin Contributor address; City; Si Houston, TX 77005	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$104.10
	Principal occu Head of BD	pation / Job title (See Instructions	5)		Employer (See Instructions Sana	5)		
	Date 02/04/2024	Full name of contributor Lynch, Hillary  Contributor address; City; Si  Dallas, TX 75205	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$52.05
	Principal occu Lawyer	pation / Job title (See Instructions	(5)		Employer (See Instructions Platt Richmond	5)		
			-					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)			3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/21/2024	<ul><li>5 Full name of contributor MacDonald, Anne</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Duinning Langu	Dallas, TX 75205	T <sub>o</sub> .	Franksian (Cookara)			
8	MD CCU	pation / Job title (See Instructions)	9	Employer (See Instructions Edelman	5)		
	Date 02/14/2024	Full name of contributor  Manning, John  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$2,582.64
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Investor Self		Self				
	Date 02/09/2024	Full name of contributor  Mauro, Greg  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,041.02
		Austin, TX 78701					
	Principal occu Venture Cap	pation / Job title (See Instructions) ital		Employer (See Instructions Learn Capital	5)		
	Date 02/20/2024	Full name of contributor  Mayfield, Maggie  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.10
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor McConnell, Jonathan Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Meridian	5)		
			<u>'</u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)				3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/21/2024	<ul><li>5 Full name of contributor Rabalais, Robert</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$516.53
•	Dringing Lagge	Houston, TX 77019	., I	_	Employer (Con Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	5)		
	Date 02/12/2024	Full name of contributor Rasmussen, Daniel Contributor address; City; S				•	Amount of Contribution (\$)	\$520.51
	Principal occu	Cambridge, MA 02138 pation / Job title (See Instructions	.) I		Employer (See Instructions	-/- 		
	Investor	pation 7 300 title (See Instructions	)		Verdad Advisers	·)		
	Date 02/02/2024	Full name of contributor Raymond, Anne Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75214						
	Principal occu Retired	pation / Job title (See Instructions	s) 		Employer (See Instructions Retired	s)		
	Date 02/18/2024	Full name of contributor Rose, Matthew Contributor address; City; S Broad Run, VA 20137	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$104.10
	Principal occu Principal	pation / Job title (See Instructions	5)		Employer (See Instructions Snowflake	5)		
	Date 02/07/2024	Full name of contributor Rotan, Mathew Contributor address; City; S Houston, TX 77024	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$150.00
	Principal occu Partner	pation / Job title (See Instructions	s)		Employer (See Instructions Marble Capital LP	s)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N			SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)				3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/09/2024	<ul><li>5 Full name of contributor Rowling, Robert</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75219	. 1			L		
8	Principal occu Business Ov	pation / Job title (See Instructions vner	)	9	Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor Snodgrass, Guy Contributor address; City; St			)	•	Amount of Contribution (\$)	\$250.00
	Deinsinal	Keller, TX 76248	\		Franks on (Cook bathwetic no			
	Consultant	pation / Job title (See Instructions	)		Employer (See Instructions Self	5)		
	Date 02/19/2024	Full name of contributor out-of-state PAC (ID#:)  Sorenson, Betsy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75228						
	Principal occu Realtor	pation / Job title (See Instructions	)		Employer (See Instructions Self Employed	s)		
	Date 02/09/2024	Full name of contributor Stallings, Kyle Contributor address; City; St Midland, TX 79702	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$7,500.00
	Principal occu Business Ov	pation / Job title (See Instructions vner	)		Employer (See Instructions Self	5)		
	Date 01/30/2024	Full name of contributor Strickland, Tiffany Contributor address; City; St Dallas, TX 75225	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$208.20
	Principal occu Marketing	pation / Job title (See Instructions	)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N			SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/38	
2	FILER NAME Kohlmann, J	amie S. (Mrs.)				3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/07/2024	<ul><li>5 Full name of contributor Swartz, Andrew</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$1,041.02
		Dallas, TX 75219						
8	Principal occu Retired	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Retired	5)		
	Date 02/20/2024	Full name of contributor Taylor, Michelle Contributor address; City; St Austin, TX 78741	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$260.25
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions Michelle Taylor	5)		
	Date 02/15/2024	Full name of contributor Thobe, Sharon Contributor address; City; St	·		)	-	Amount of Contribution (\$)	\$50.00
	Principal occu	Saint Petersburg, FL 3370 pation / Job title (See Instructions			Employer (See Instructions	<u> </u> s)		
	Date 02/13/2024	Full name of contributor Trulio, Annalisa Contributor address; City; St	·		)		Amount of Contribution (\$)	\$250.00
	Principal occu Homemaker	pation / Job title (See Instructions	5)		Employer (See Instructions NA	5)		
	Date 02/20/2024	Full name of contributor Weatherford, Sam Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1,041.02
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDU	LE A1
	The Instru	ction Guide explains how	n.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/38			
2	FILER NAME Kohlmann, Jamie S. (Mrs.)					3	Filer ID (Ethics Commission 00088335	on Filers)
4	Date 02/14/2024	5 Full name of contributor out-of-state PAC (ID#:) Weekely, Dick 6 Contributor address; City; State; Zip Code			)	7	Amount of Contribution (\$)	\$50,000.00
8	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	<u>,                                      </u>	<u> </u>	Employer (See Instructions	,, 		
۰	Business Ov		)	<u> </u>	Self	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/20/2024 Weinrib, Ben  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00		
	Principal occu	Encinitas, CA 92024 pation / Job title (See Instructions	)		Employer (See Instructions	 s)		
	Business Owner EPC				,			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00		
	Principal occu	Leonard, TX 75452 pation / Job title (See Instructions	) 1		Employer (See Instructions	;) 		
	Structural Er		,		Bosworth Steel	,		
	Date Full name of contributor 01/29/2024 Yarborough, Justin Contributor address; City; St		out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$1,041.02
				Employer (See Instructions Private Investor	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  22/07/2024 Zeidman, Jay  Contributor address; City; State; Zip Code  Houston, TX 77027			)		Amount of Contribution (\$)	\$100.00	
	Principal occupation / Job title (See Instructions)  Managing Partner  Employer (See Instruction Altitude Ventures				Employer (See Instructions Altitude Ventures	5)		
			l					

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Inst	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/38				
2 FILER NAM Kohlmann	IE , Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335				
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 02/07/202	6 Full name of contributor out-of-state PAC (ID#: Carlton, Steph 7 Contributor address; City; State; Zip Code Dallas, TX 75206		8 Amount of contribution (\$)   9 In-kind contribution description   \$501.24   Food for fundraising event.				
40.5: : 1	I	44.5 / /505.101	Check if travel outside of Texas. Complete Schedule T.				
10 Principal od Consultan	ccupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON McKinsey Co	-JUDICIAL) (See instructions)				
<b>12</b> Contributor	s principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
<b>14</b> Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contribute	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 02/14/202	Full name of contributor out-of-state PAC (ID#:4 Texans for Educational Freedom Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$822.26   Data Requests				
	Austin, TX 78734		Check if travel outside of Texas. Complete Schedule T.				
Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 02/14/202	Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$737.29   Data Requests				
	Austin, TX 78734		Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)							
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contribute	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 15/38 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/19/2024 Texans for Educational Freedom \$21,814.72 Texting Service 7 Contributor address; City; State; Zip Code Austin, TX 78734 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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/Political Credit Card Payment		l Co	The Instruction Guide explains how to c	Exper s/Wage	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 16/38		Kohlmann, Jamie S. (Mrs.)		00088335
4	Date	5	Payee name		
	02/16/2024		Axiom Strategies		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	e
	\$48,416.00		800 W 47TH ST		
			STE 200		
			KANSAS CITY, MT 64112		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Mail
9	Complete ONLY if direct		Candidate/Officeholder name Office so	l ought	nt Office held
	expenditure to benefit C/O	Η			
	Date		Payee name		
	02/14/2024		Axiom Strategies		
	Amount (\$)		Payee address; City; State; Zip C	Code	9
	\$300.00		800 W 47TH ST		
			STE 200		
			KANSAS CITY, MT 64112		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	p) Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Logo Study
					Logo clas,
	Complete ONLY if direct		Candidate/Officeholder name Office so	 ought	nt Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	02/14/2024		Axiom Strategies		
	Amount (\$)		Payee address; City; State; Zip C	Code	9
	\$300.00		800 W 47TH ST		
			STE 200		
			KANSAS CITY, MT 64112		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Palm Card Design
					. a Sara Besign
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	ught	nt Office held
	expenditure to benefit C/O			5	
Eor	rms provided by Tayas E	thic	es Commission www.athics.state.tv	HC	Version V3 5 1 0000c/7f

### SCHEDULE F1

#### **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 Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 17/38	Kohlmann, Jamie S. (Mrs.) 00088335
4	Date	5 Payee name
	02/14/2024	Axiom Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48,416.00	800 W 47TH ST
		STE 200
		KANSAS CITY, MT 64112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mail
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	02/01/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.07	15901 N Freeway
		Fort Worth, TX 76177
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for travel
		i del loi tidvei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	02/09/2024	C3 Management
	Amount (\$)	Payee address; City; State; Zip Code
	\$357.00	1616 S Voss Rd.
	Ψ037.00	1010 3 V033 Nd.
		Houston, TX 77057
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bookkeeping and Accounting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/21 Rpt: 18/38	Kohlmann, Jamie S. (Mrs.) 00088335	
4	Date	5 Payee name	_
	01/31/2024	CAZ Consulting	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$2,489.75	7720 Laura Lake Ln	
		Fort Worth, TX 76126	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Yard Signs	
Ļ			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	'		_
	Date	Payee name	
L	02/23/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1600 Amphitheatre Pkwy	
l			
l		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense  Google Ads	
l		Google / No	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
l	02/20/2024	Print City	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	_
	\$424.34	2625 Oak Lawn Ave	
	*		
l		Dallas, TX 75219	
_	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	Check if Austin, TX, officeholder living expense	
l		Yard Signs	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/OI	1	

### SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 4/21 Rpt: 19/38	Kohlmann, Jamie S. (Mrs.)  00088335
4	Date	5 Payee name
	02/23/2024	Print City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,223.23	2625 Oak Lawn Ave
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Yard Signs
		Talu Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	02/20/2024	Republican Club at Heritage Ranch
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.07	406 Saddleback Dr
		Fairview, TX 75069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event registration fee
		Eventregistration rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Daniel and a second a second and a second an
	Date 01/29/2024	Payee name  Payeelican Woman of Pad Diver Valley
		Republican Women of Red River Valley
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8 West Plaza
		Paris, TX 75460
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event table rental fee.
		Event table femalities.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
l		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/21 Rpt: 20/38	Kohlmann, Jamie S. (Mrs.) 00088335
4	Date	5 Payee name
	02/02/2024	Shell
6	Amount (\$) \$27.63	7 Payee address; City; State; Zip Code 2802 Richmond Road  Texarkana, TX 75503
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel for travel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2024	Snapfish
	Amount (\$) \$70.25	Payee address; City; State; Zip Code  10 Almaden Blvd.  Suite 900  San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Thank you Cards.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2024	Southwest Airlines
	Amount (\$) \$165.98	Payee address; City; State; Zip Code 2702 Love Field Dr.
		Dallas, TX 75235
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel to Houston for fundraiser event.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 6/21 Rpt: 21/38	Kohlmann, Jamie S. (Mrs.) 00088335	
4	Date	5 Payee name	
l	02/14/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$165.98	2702 Love Field Dr.	
l			
l		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Travel back home from Houston fundraiser e	vent.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕			
l	Date	Payee name	
L	02/23/2024	Twitter, Inc.	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$400.00	1355 Market Street, Suite 900	
l			
l		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Promotional tweets	
l			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI		
F	Date	Payee name	
l	02/08/2024	VistaPrint	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$63.85		
l			
l		Lexington, MA 02421	
⊢	PURPOSE		
l	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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Business cards	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Superiordic to belieff 6/01	···	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction G	•		ages.	/Contract Labor		Travel Out of I OTHER (enter	District a category not listed	above)	
_	Total pages Cab - dul - E4	<u> </u>			ac expiants			1	_	File: ID	(Ethiop Carry	iccion Filer-\
	Total pages Schedule F1:								3		(Ethics Comm	issiuii Fileis)
	Sch: 7/21 Rpt: 22/38		Kunimann, .	Jamie S. (Mrs.)						00088335	) 	
4	Date	5	Payee name									
	01/29/2024		WinRed									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$41.02		1776 Wilson	ı Blvd.								
			Suite 530									
			Arlington, V	A 22219								
8	PURPOSE	(2)					(h)	Description				
0	OF	(a)	Accounting/	ee Categories listed at t	the top of this sch	nedule)	(D)	Description  Check if travel of	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Accounting/	Danking				Check if Austin,				
								WinRed servi				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	01/30/2024		WinRed									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$8.20		1776 Wilson	ı Blvd.								
			Suite 530									
			Arlington, V	A 22219								
_	PURPOSE	(2)				ı	(h)	Descriptor				
	OF	<sup>(a)</sup>		ee Categories listed at t	he top of this sch	nedule)	(n)	Description  Check if travel of	outsi	de of Texas Co	omplete Schedule T.	
	EXPENDITURE		Accounting/	Dalikiliy				Check if Austin,				
								WinRed servi	ice	fee		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/O	Η										
	Date		Payee name									
	02/01/2024		WinRed									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$80.00		1776 Wilson	ı Blvd.								
			Suite 530									
			Arlington, V	A 22219								
	PURPOSE	(2)				1	(h)	Description				
	OF	ر <sup>م</sup> )	Accounting/	ee Categories listed at t Ranking	ne top of this sch	nedule)	(11)	:	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		, woodining/	Darming				Check if Austin,				
								WinRed servi	ice	fee		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 8/21 Rpt: 23/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4	Date 02/02/2024	5 Payee name WinRed	
	Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/04/2024	Payee name WinRed	
	Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/06/2024	Payee name WinRed	
	Amount (\$) \$8.20	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
	Complete ONLY if direct expenditure to benefit C/O	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 Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 9/21 Rpt: 24/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)  3 Filer ID (Ethics Commission Filers) 00088335
4	Date 02/06/2024	5 Payee name WinRed
6	Amount (\$) \$165.29	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed Service fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/07/2024	Payee name WinRed
	Amount (\$) \$5.91	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/07/2024	Payee name WinRed
	Amount (\$) \$41.02	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
	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 Candidate/Officeholder/Political C

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 25/38	Kohlmann, Jamie S. (Mrs.) 00088335
4	Date	5 Payee name
	02/07/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.94	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  WinRed service fee
		Williced Service IEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/08/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.20	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  WinRed service fee
		Willinea Service ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/09/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.02	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense
		WinRed service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

1776 Wilson Blvd.

Candidate/Officeholder name

Suite 530

Payee name

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Complete ONLY if direct

Date

expenditure to benefit C/OH

expenditure to benefit C/OH

\$20.51

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

Office held

	orean oara'i aymen	The Instruction Guide explains how to complete this form.								
L	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 11/21 Rpt: 26/38		Kohlmann, Jamie S. (Mrs.)						00088335	
ļ	Date	5	Payee name							
	02/12/2024		WinRed							
ò	Amount (\$)	7	Payee address; City;	Sta	te; Zip (	Code				_

		Arlington, VA 22219	
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee

Office sought

02/12/2024	WinRed
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held

Date	Payee name
02/13/2024	WinRed
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

#### SCHEDULE F1

#### **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	
┝	Total names Cab - dula E1	
	Total pages Schedule F1: Sch: 12/21 Rpt: 27/38	2 FILER NAME  Kohlmann, Jamie S. (Mrs.)  3 Filer ID (Ethics Commission Filers)  00088335
4	Date	5 Payee name
	02/13/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.85	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
L		
	Date	Payee name
	02/13/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.70	1776 Wilson Blvd.
	<del>+20</del>	
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/13/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.94	1776 Wilson Blvd.
		Suite 530
L		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
ĺ		
1		

#### SCHEDULE F1

#### **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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 13/21 Rpt: 28/38	Kohlmann, Jamie S. (Mrs.)  Kohlmann, Jamie S. (Mrs.)
4	Date	5 Payee name
	02/13/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.05	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	1776 Wilson Blvd.
	Ψ1.05	
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  WinRed service fee
		Willinea Service IEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/13/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	i e e e e e e e e e e e e e e e e e e e

### SCHEDULE F1

#### **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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 29/38	Kohlmann, Jamie S. (Mrs.)
4	Date	5 Payee name
	02/13/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	<u>'</u>
	Date	Payee name
	02/14/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.51	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	02/14/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.64	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/21 Rpt: 30/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)  3 Filer ID (Ethics Commission Filers) 00088335
4	Date 02/15/2024	5 Payee name WinRed
8	Amount (\$) \$1.97	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/15/2024	Payee name WinRed
	Amount (\$) \$39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/18/2024	Payee name WinRed
	Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed Service fee
	Complete ONLY if direct expenditure to benefit C/O	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 Candidate/Officeholder/Political Committee

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 16/21 Rpt: 31/38	Kohlmann, Jamie S. (Mrs.)	00088335					
4	Date	5 Payee name	•					
	02/19/2024	WinRed						
6	Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530						
		Arlington, VA 22219						
8	PURPOSE OF EXPENDITURE	Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/19/2024	WinRed						
	Amount (\$) \$11.82	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219						
	PURPOSE OF EXPENDITURE	Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WinRed service fee					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/19/2024	WinRed						
	Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219						
	PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee					
	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 Candidate/Officeholder/Political Committee

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	1.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 32/38	Kohlmann, Jamie S. (Mrs.)	00088335
4		5 Payee name	
L	02/19/2024	WinRed	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.25	1776 Wilson Blvd.	
l		Suite 530	
		Arlington, VA 22219	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
l	OF EXPENDITURE	/ Nocounting/Banking	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
l			Service fee
l		· · · · · · · · · · · · · · · · · · ·	561 1166 166
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		
⊨	Date	Payee name	
l	02/19/2024	WinRed	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$3.94	1776 Wilson Blvd.	
l	ψ3.34	Suite 530	
l			
L		Arlington, VA 22219	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if	n travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Austin, TX, officeholder living expense
l		WinRed	service fee
l			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	02/19/2024	WinRed	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$41.02	1776 Wilson Blvd.	
l		Suite 530	
l		Arlington, VA 22219	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
l	OF EXPENDITURE	Accounting/Banking Check if	travel outside of Texas. Complete Schedule T.
l	LAFLINDITORL		Austin, TX, officeholder living expense
		WinRed	service fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	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 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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/21 Rpt: 33/38	Kohlmann, Jamie S. (Mrs.) 00088335
4	Date	5 Payee name
	02/20/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.25	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense WinRed service fee
		Willited Service lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WinRed service fee
	Commisto ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
_	Data	
	Date 02/20/2024	Payee name WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		WinRed service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
1		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ommittee	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Cahadula F1:	12	EII ED NAME						12	Filer ID	/Ethics	s Commission Filers)	
_	Total pages Schedule F1:	-			`				•		`	3 Commission r liers)	
	Sch: 19/21 Rpt: 34/38	L	Konimann,	Jamie S. (Mrs	.)					00088335	·		
4	Date	5	Payee name										
	02/20/2024		WinRed										
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de						
	\$41.02	ľ	1776 Wilson			, _,,							
	Ψ11.0L			. Diva.									
			Suite 530										
			Arlington, V	A 22219									
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	hedule)	(b)	Description					
	OF EXPENDITURE		Accounting	Banking/				Check if travel					
	LXI LINDITORL							Check if Austin			ing expense	9	
								WinRed servi	ice	tee			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	02/21/2024		WinRed										
	Amount (\$)	┢	Payee addre	ss; City;	State	e; Zip Co	de						
	\$19.70		1776 Wilso	-	Otato	, <u>Lip 00</u>	uo						
	Ψ13.70			i bivu.									
			Suite 530										
			Arlington, V	A 22219									
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	hedule)	(b)	Description					
	OF EXPENDITURE		Accounting					Check if travel					
	LXI LINDITORL							Check if Austin			ing expense	9	
								WinRed servi	ice	tee			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held		
	expenditure to benefit C/OI	П											
	Date		Payee name										
	02/21/2024		WinRed										
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	e; Zip Co	de						
	\$16.53		1776 Wilson		Oldio	, Zip 00	ac						
	Ψ10.55			i biva.									
			Suite 530										
			Arlington, V	A 22219									
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	hedule)	(b)	Description					
	OF EXPENDITURE		Accounting	Banking/				Check if travel					
	LXI LINDITORL							Check if Austin			ing expense	9	
								WinRed servi	ice	tee			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held		
	expenditure to benefit C/OI	_											
_													

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 20/21 Rpt: 35/38	Kohlmann, Jamie S. (Mrs.) 00088335				
4	Date	5 Payee name				
	02/22/2024	WinRed				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$39.40	1776 Wilson Blvd.				
		Suite 530				
		Arlington, VA 22219				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  WinRed service fee				
		Willixed Service Ice				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/23/2024	WinRed				
	Amount (\$)	Payee address; City; State; Zip Code				
\$30.76		1776 Wilson Blvd.				
		Suite 530				
		Arlington, VA 22219				
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		WinRed service fee				
		Willing Service 100				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/23/2024	WinRed				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.94	1776 Wilson Blvd.				
		Suite 530				
		Arlington, VA 22219				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		WinRed service fee				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O					

### SCHEDULE F1

#### **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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 21/21 Rpt: 36/38	Kohlmann, Jamie S. (Mrs.) 00088335
4	Date	5 Payee name
	02/01/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.05	1776 Wilson Blvd.
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		WinRed Service fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
_	Data	
	Date	Payee name
	02/15/2024	X (Formerly Twitter)
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.28	1355 Market Street, Suite 900
		San Francisco, CA 94103
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  X Account Fee
		Artossanti ce
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/09/2024	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Boulevard
	Ψ17.00	Suite 600
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly zoom fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

### 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
Credit Card Baymont

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries	Wages/Contract Labor		OTHER (enter a category not listed above)			
		_	The Instruction Guide explains how to c	omplete this form.					
1	3	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 1/2 Rpt: 37/38		Kohlmann, Jamie S. (Mrs.)			00088335			
4	Date	5	Payee name						
	02/13/2024		Uber						
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			-		
-	\$13.92		1725 3rd Street						
	Reimbursement from political contributions		Can Francisca CA 04150						
	intended	L	San Francisco, CA 94158		_		_		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District	_ L	_	Check if Austin, TX, officeholder living expense			
				Transportation to	aıı	rport for fundraising event.			
							_		
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held			
	C/OH								
	Data	<del>-</del>					=		
	Date 02/13/2024		Payee name						
		_	Uber				_		
	Amount (\$)		Payee address; City; State; Zip C	ode					
	\$36.83		1725 3rd Street						
	Reimbursement from political contributions								
	intended		San Francisco, CA 94158						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	c	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Travel Out of District	Check if Austin, TX, officeholder living expense					
				Transportation from Airport to lodging for fundraising					
				event.					
		Cai	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								
		_					=		
	Date		Payee name						
	02/14/2024		Uber						
	Amount (\$)		Payee address; City; State; Zip C	ode					
	\$30.94		1725 3rd Street						
	Reimbursement from political contributions								
	intended		San Francisco, CA 94158						
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	c	Check if travel outside of Texas. Complete Schedule T.	_		
	OF EXPENDITURE		Travel Out of District		<b>]</b> c	Check if Austin, TX, officeholder living expense			
EXPENDITURE				Transportation to	Αi	irport from Hotel for fundraising even	t.		
		Ca	ndidate/Officeholder name	Office sought		Office held	_		
	expenditure to benefit C/OH								
	5,011						_		

#### 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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 38/38 Kohlmann, Jamie S. (Mrs.) 00088335 Date Payee name 02/14/2024 Uber 6 Amount (\$) Payee address; City; State; Zip Code 1725 3rd Street \$13.91 Reimbursement from political contributions intended San Francisco, CA 94158 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Transportation from Airport to home, after fundraising event. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH