

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088279	2 Total pages filed: 52				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
		Katrina L.					
	NICKNAME	LAST	SUFFIX	Date Received ELECTRONICALLY FILED 02/26/2024			
		Pierson					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked			
	609 Goliad St. #672 Rockwall, TX 75087			Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
		Mrs.	Caitlyn B.				
	NICKNAME	LAST	SUFFIX				
		Tortorici					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
	421 Office Park Dr. Mountain Brook, AL 35223						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(205)	440-2873					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		01/26/2024				02/24/2024	
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		03/05/2024		<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
				State Representative District 33			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Pierson, Katrina L. **14** Filer ID (Ethics Commission Filers)
00088279

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	166,615.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	211,827.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50,902.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Katrina L. Pierson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Pierson, Katrina L.		19 Filer ID (Ethics Commission Filers) 00088279
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 149,217.25
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 17,398.71
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 184,215.72
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 22,800.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,811.79
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/27 Rpt: 4/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 21ST CENTURY LEADERSHIP PAC <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABRAMZCYK, ROBYN <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) SELF EMPLOYED
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, GALE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$202.40
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, BRANDON <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF EMPLOYED
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, KYLE <hr/> Contributor address; City; State; Zip Code ALLEN, TX 75002	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) QUANTITATIVE RESEARCH		Employer (See Instructions) DRUMLINE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/27 Rpt: 5/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKEY, BENNIE <hr/> 6 Contributor address; City; State; Zip Code SACHSE, TX 75048	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWEN, SCOTT <hr/> Contributor address; City; State; Zip Code WEBSTER, TX 77598	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) TPC GROUP
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANSTETTER, DALE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRASSINE, JAMEY <hr/> Contributor address; City; State; Zip Code LA GRANDE, OR 97850	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) JACKO LOGISTICS
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, BEN <hr/> Contributor address; City; State; Zip Code FAIRVIEW, TX 75069	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/27 Rpt: 6/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBLISS, JULIE <hr/> 6 Contributor address; City; State; Zip Code FATE, TX 75087	7 Amount of Contribution (\$) \$21.07
8 Principal occupation / Job title (See Instructions) SALES AND MARKETING DIRECTOR		9 Employer (See Instructions) LAKESHORE ASSISTED LIVING
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLABAUGH, MARK <hr/> Contributor address; City; State; Zip Code GULF BREEZE, FL 32561	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SMART FACILITY SOFTWARE
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, ALLEN <hr/> Contributor address; City; State; Zip Code PLANO, TX 75074	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLON, STEPHEN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) MICROSOFT
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNET, STEVE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) VP OPERATIONS		Employer (See Instructions) HIGHMARK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/27 Rpt: 7/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORNELL, ELLEN <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$5.21
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWELL, ROBERT JOHN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$208.20
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CULBERTSON, JACK <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAY, BRIE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) TVCC
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE LEON, J.D. <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) DE LEON HOLDINGS LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/27 Rpt: 8/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE LEON, THERESA <hr/> 6 Contributor address; City; State; Zip Code HEATH, TX 75032	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) EVP		9 Employer (See Instructions) ARDEN TRUST
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELAVEGA, OLIVIA <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) CNM		Employer (See Instructions) SWEET PEA MIDWIFERY
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DICHARD, PEGGY <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$20.25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIFILIPPO, DIANE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMANUELSON, KEN <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75252	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) THE EMANUELSON FIRM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/27 Rpt: 9/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAMILY EMPOWERMENT COALITION PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78734	7 Amount of Contribution (\$) \$15,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAMILY EMPOWERMENT COALITION PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78734	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, KENNETH <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) EXECUTIVE CHAIRMAN		Employer (See Instructions) FISHER INVESTMENTS
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, SHERRILYN <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) MEMBER		Employer (See Instructions) PLANO 6500 LLC
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORD, NOREEN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/27 Rpt: 10/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE, TERESA <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75032	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILBERT, MARCUS <hr/> Contributor address; City; State; Zip Code NORTH CANTON, OH 44720	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILCHRIST, STEPHEN <hr/> Contributor address; City; State; Zip Code COLUMBIA, SC 29201	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SMALL BUSINESS
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, DANNY <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75038	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENE, WILLIAM <hr/> Contributor address; City; State; Zip Code ALEXANDRIA, VA 22308	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/27 Rpt: 11/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, BLAKELEY <hr/> 6 Contributor address; City; State; Zip Code HEATH, TX 75032	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, CATHERINE <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARDISON, JAMIE <hr/> Contributor address; City; State; Zip Code FATE, TX 75189	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARPER, MARK <hr/> Contributor address; City; State; Zip Code FATE, TX 75189	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) TECHNICAL SALES		Employer (See Instructions) IBM
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARTHAN, BONITA <hr/> Contributor address; City; State; Zip Code ROWLETT, TX 75088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/27 Rpt: 12/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWKINS, LYNN <hr/> 6 Contributor address; City; State; Zip Code FATE, TX 75087	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, TRACY <hr/> Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	Amount of Contribution (\$) \$125.17
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDLER, BJ <hr/> Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845	Amount of Contribution (\$) \$210.70
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) AMERICAN LUMBER
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDLER, SARAH <hr/> Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845	Amount of Contribution (\$) \$210.70
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) AMERICAN LUMBER
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERBST, LONNIE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) CDC, INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/27 Rpt: 13/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRMANN, SCOTT <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) RAYTHEON
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLEYHEAD, JAMES <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLMES, LINDA <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLMES, ROBYN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$21.07
Principal occupation / Job title (See Instructions) VISUAL MERCH		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPKINS, ROY <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75212	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/27 Rpt: 14/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUANG, PAUL <hr/> 6 Contributor address; City; State; Zip Code RICHARDSON, TX 75080	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) RICHLAND REAL ESTATE
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, ED <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IMBURGIA, JAMES <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR		Employer (See Instructions) SELF EMPLOYED
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGLE, BRADY <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) BRADY INGLE INSURANCE
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFUS, LARRY <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/27 Rpt: 15/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFUS, MELBA <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFUS, MELBA <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KATHI <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, WESLEY <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSTON, KAREN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) SOURCING CONTRACTING		Employer (See Instructions) VIZIENT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/27 Rpt: 16/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, ERICK <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) ENGINEERING		9 Employer (See Instructions) L3HARRIS
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEOWN, WILLIAM <hr/> Contributor address; City; State; Zip Code ZIONSVILLE, IN 46077	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRBY, DEBORAH <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$2,024.00
Principal occupation / Job title (See Instructions) OWNER / SECRETARY		Employer (See Instructions) MAGNUM HOME SERVICE
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRK, DONALD <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) WHATABURGER OF MESQUITE
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KISER, KAREN <hr/> Contributor address; City; State; Zip Code FATE, TX 75189	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/27 Rpt: 17/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLUTTS, BEN <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) BEHAVIORAL TRANSFORMATIONS
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNODEL, NATE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) CHIEF OF STAFF		Employer (See Instructions) ATT
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEININGER, JAMES <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEVINE, BARRY <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIECHTY, PAUL <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) CHIROPRACTOR		Employer (See Instructions) ACC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/27 Rpt: 18/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIVINGSTON, JACK <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75032	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE		9 Employer (See Instructions) SELF EMPLOYED
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIVINGSTON, JACK <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOSANES, LOU <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) FREEDOM AT HOME DIALYSIS
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVE, KELLY <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20001	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) DCI
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LULE, STEVEN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) OPERATIONS		Employer (See Instructions) TUCKER ROOFING

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/27 Rpt: 19/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANNEFELD, STUART <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75074	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) REAL ESTATE MANAGEMENT		9 Employer (See Instructions) SELF EMPLOYED
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARCHETTI, THOMAS <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, GREG <hr/> Contributor address; City; State; Zip Code ALEDO, TX 76008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) 007 MANAGEMENT SERVICES, SERIES LLC
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCLARD, MICHEAL <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$202.40
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNUTT, THOMAS <hr/> Contributor address; City; State; Zip Code CORSICANA, TX 75110	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) COLLIN STREET BAKERY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/27 Rpt: 20/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEGYESI, LANCE <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) EVP CFO		9 Employer (See Instructions) PRIMARY CARE SOLUTIONS INC
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLICAN, TINA <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MINNISH, JAMES <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, TIM <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSES, JOHN <hr/> Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/27 Rpt: 21/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUGGEO, PATRICIA <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'NEAL, REBECCA <hr/> Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLDIGES, DONALD <hr/> Contributor address; City; State; Zip Code FATE, TX 75087	Amount of Contribution (\$) \$202.40
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARSH, KENDALL <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEOPLES, JANICE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/27 Rpt: 22/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PESTA, MATT <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) POLICE OFFICER		9 Employer (See Instructions) CITY OF GARLAND
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWELL, LEWIS <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75080	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENEAU Jr., W DALE <hr/> Contributor address; City; State; Zip Code OKLAHOMA CITY, OK 73170	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBINS, ALLEN <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$200.24
Principal occupation / Job title (See Instructions) VFX ARTIST		Employer (See Instructions) CUT
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROLATER, DONNA <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/27 Rpt: 23/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEN, CINDY <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75032	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, HEATHER <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$21.07
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SANOFI
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, MARLENE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, MARLENE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL, PHILLIP <hr/> Contributor address; City; State; Zip Code FARMERS BRANCH, TX 75234	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/27 Rpt: 24/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERRA, FRANK <hr/> 6 Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON, TAHROHON <hr/> Contributor address; City; State; Zip Code OKC, OK 73170	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMS, ROB <hr/> Contributor address; City; State; Zip Code ALEXANDRIA, VA 22305	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMELSER, JAY <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) UW MANAGER		Employer (See Instructions) AXA XL
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, IAN <hr/> Contributor address; City; State; Zip Code RIVERVIEW, FL 33578	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) TELECOM		Employer (See Instructions) HAYES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/27 Rpt: 25/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LENARD <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STANLEY, MATTHEW <hr/> Contributor address; City; State; Zip Code SACHSE, TX 75048	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SHAW
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STORY, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code RICHARSON, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions) THR PROPERTY MGMT
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TASSET, BRIAN <hr/> Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TASSET, BRIAN <hr/> Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/27 Rpt: 26/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TASSET, BRIAN	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code ROYSE CITY, TX 75189		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TASSET, BRIAN	Amount of Contribution (\$) \$26.03
Contributor address; City; State; Zip Code ROYSE CITY, TX 75189		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TASSET, BRIAN	Amount of Contribution (\$) \$15.62
Contributor address; City; State; Zip Code ROYSE CITY, TX 75189		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TASSET, DALTON	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code HEATH, TX 75032		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF EMPLOYED
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC	Amount of Contribution (\$) \$50,000.00
Contributor address; City; State; Zip Code VICTORIA, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/27 Rpt: 27/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC <hr/> 6 Contributor address; City; State; Zip Code VICTORIA, TX 77901	7 Amount of Contribution (\$) \$15,000.00
8 Principal occupation / Job title (See Instructions) _____		9 Employer (See Instructions) _____
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THISTLETHWAITE, BARRY <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75238	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) TECHNICAL WRITER		Employer (See Instructions) GXO
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THRASHER, STEVEN <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75083	Amount of Contribution (\$) \$990.00
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF EMPLOYED
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREBES, JAMES <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$2,024.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROUTT, LISA <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/27 Rpt: 28/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLAGOMEZ, JACQUELINE	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087		
8 Principal occupation / Job title (See Instructions) HOMEMAKER		9 Employer (See Instructions) HOMEMAKER
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLAGOMEZ, JACQUELINE	Amount of Contribution (\$) \$26.03
Contributor address; City; State; Zip Code ROCKWALL, TX 75087		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINES, ROBERT	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code ROWLETT, TX 75088		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) L3HARRIS
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WACKER, KATHRYN	Amount of Contribution (\$) \$120.24
Contributor address; City; State; Zip Code ROCKWALL, TX 75087		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WACKER, KATHRYN	Amount of Contribution (\$) \$21.07
Contributor address; City; State; Zip Code ROCKWALL, TN 75087		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/27 Rpt: 29/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, MAURICE <hr/> 6 Contributor address; City; State; Zip Code ROYSE CITY, TX 75189	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) ELECTRICAL ENGINEER		9 Employer (See Instructions) ONCOR ELECTRIC DELIVERY
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, HEATHER <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) HALEON
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITTIG, JEANINE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITTIG, JEANINE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITTIG, JEANINE <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/27 Rpt: 30/52
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITTIG, MILTON <hr/> 6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLD, MELISSA <hr/> Contributor address; City; State; Zip Code ALLEN, TX 75013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) TRAINING		Employer (See Instructions) 1ST UNITED
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHTSON, DAVID <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 31/52	
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAMILY EMPOWERMENT COALITION PAC	8 Amount of contribution (\$) \$4,625.00	9 In-kind contribution description DIGITAL ADVERTISING
	7 Contributor address; City; State; Zip Code AUSTIN, TX 78734	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFUS, JENNIFER	Amount of contribution (\$) \$100.00	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code FATE, TX 75189	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) EDUCATOR		Employer (FOR NON-JUDICIAL) (See instructions) MESQUITE ISD	
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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFUS, MELBA	Amount of contribution (\$) \$200.00	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code ROCKWALL, TX 75087	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED		Employer (FOR NON-JUDICIAL) (See instructions) RETIRED	
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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 32/52	
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/23/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUGGEO, PATRICIA	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description FOOD / BEVERAGE
	7 Contributor address; City; State; Zip Code ROCKWALL, TX 75087	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED		11 Employer (FOR NON-JUDICIAL) (See instructions) RETIRED	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC	Amount of contribution (\$) \$8,275.00	In-kind contribution description POLLING
	Contributor address; City; State; Zip Code VICTORIA, TX 77901	<input type="checkbox"/> 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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TULEY, SHARON	Amount of contribution (\$) \$2,000.00	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code FATE, TX 75189	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CONSULTING		Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 33/52	
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/23/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TULEY, SHARON	8 Amount of contribution (\$) \$1,875.00	9 In-kind contribution description FACILITY RENTAL
	7 Contributor address; City; State; Zip Code FATE, TX 75189	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CONSULTING		11 Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TULEY, SHARON	Amount of contribution (\$) \$223.71	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code FATE, TX 75189	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CONSULTING		Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WACKER, KATHRYN	Amount of contribution (\$) \$50.00	In-kind contribution description FOOD / BEVERAGE
	Contributor address; City; State; Zip Code ROCKWALL, TX 75087	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED		Employer (FOR NON-JUDICIAL) (See instructions) RETIRED	
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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/14 Rpt: 34/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/19/2024	5 Payee name ANTHEM MEDIA AND MESSAGE, INC
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6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2024	Payee name ANTHEM MEDIA AND MESSAGE, INC
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Amount (\$) \$30,035.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name AVODROC CUSTOM PRINTING. LLC
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Amount (\$) \$2,378.25	Payee address; City; State; Zip Code 651 PRESIDENTIAL DR RICHARDSON, TX 75081
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/14 Rpt: 35/52	2	FILER NAME Pierson, Katrina L.	3	Filer ID (Ethics Commission Filers) 00088279
4	Date 01/26/2024	5	Payee name BLUESTONE CREATIVES, LLC		
6	Amount (\$) \$1,415.00	7	Payee address; City; State; Zip Code 5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING / PRINTING / POSTAGE		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/31/2024		Payee name BLUESTONE CREATIVES, LLC		
	Amount (\$) \$2,550.00		Payee address; City; State; Zip Code 5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/05/2024		Payee name BLUESTONE CREATIVES, LLC		
	Amount (\$) \$3,928.00		Payee address; City; State; Zip Code 5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING / PRINTING / POSTAGE		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/14 Rpt: 36/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/16/2024	5 Payee name BLUESTONE CREATIVES, LLC
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6 Amount (\$) \$2,294.00	7 Payee address; City; State; Zip Code 5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING / PRINTING / POSTAGE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name BLUESTONE CREATIVES, LLC
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Amount (\$) \$23,306.00	Payee address; City; State; Zip Code 5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING / SMS MESSAGING / PRINTING / POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2024	Payee name CHAIN BRIDGE BANK
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/14 Rpt: 37/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/22/2024	5 Payee name CHAIN BRIDGE BANK
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2024	Payee name CROSBY OTTENHOFF GROUP
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Amount (\$) \$3,583.75	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name FAMILY EMPOWERMENT COALITION PAC
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Amount (\$) \$4,625.00	Payee address; City; State; Zip Code PO BOX 341027 AUSTIN, TX 78734
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: DIGITAL ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/14 Rpt: 38/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/23/2024	5 Payee name JEFFUS, JENNIFER	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 120 PLEASANT HILL LN FATE, TX 75189	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name JEFFUS, MELBA	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2606 CYPRESS DR ROCKWALL, TX 75087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name KEEPERS PRESS, LLC	
Amount (\$) \$714.45	Payee address; City; State; Zip Code 520 LORNA VISTA HEATH, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/14 Rpt: 39/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/19/2024	5 Payee name KEEPERS PRESS, LLC
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6 Amount (\$) \$2,493.00	7 Payee address; City; State; Zip Code 520 LORNA VISTA HEATH, TX 75032
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2024	Payee name MUGGEO, PATRICIA
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 2317 SADDLEBROOK LANE ROCKWALL, TX 75087
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2024	Payee name RACONTEUR MEDIA COMPANY
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Amount (\$) \$40,000.00	Payee address; City; State; Zip Code PO BOX 26511 AUSTIN, TX 78755
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/14 Rpt: 40/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/05/2024	5 Payee name ROCKWALL GOLF & ATHLETIC CLUB	
6 Amount (\$) \$2,718.90	7 Payee address; City; State; Zip Code 2600 CHAMPIONS DRIVE ROCKWALL, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name TASSET, DALTON	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 1600 MARIAH COURT HEATH, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name TASSET, DALTON	
Amount (\$) \$99.03	Payee address; City; State; Zip Code 1600 MARIAH COURT HEATH, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/14 Rpt: 41/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/29/2024	5 Payee name TASSET, DALTON	
6 Amount (\$) \$153.14	7 Payee address; City; State; Zip Code 1600 MARIAH COURT HEATH, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name TASSET, DALTON	
Amount (\$) \$19.49	Payee address; City; State; Zip Code 1600 MARIAH COURT HEATH, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name TASSET, DALTON	
Amount (\$) \$71.96	Payee address; City; State; Zip Code 1600 MARIAH COURT HEATH, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/14 Rpt: 42/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/06/2024	5 Payee name TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC
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6 Amount (\$) \$8,275.00	7 Payee address; City; State; Zip Code 405 E CONVENT ST VICTORIA, TX 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: POLLING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name TULEY, SHARON
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 171 CHAMBERLAIN DR FATE, TX 75189
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2024	Payee name TULEY, SHARON
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Amount (\$) \$1,875.00	Payee address; City; State; Zip Code 171 CHAMBERLAIN DR FATE, TX 75189
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FACILITY RENTAL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/14 Rpt: 43/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/23/2024	5 Payee name TULEY, SHARON	
6 Amount (\$) \$223.71	7 Payee address; City; State; Zip Code 171 CHAMBERLAIN DR FATE, TX 75189	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name TURQUOISE	
Amount (\$) \$730.68	Payee address; City; State; Zip Code 804 OMAHA TRAIL KELLER, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTOGRAPHY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name TURQUOISE	
Amount (\$) \$51.04	Payee address; City; State; Zip Code 804 OMAHA TRAIL KELLER, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/14 Rpt: 44/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 01/30/2024	5 Payee name VALENTINES DIRECT MARKETING LLC
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6 Amount (\$) \$881.32	7 Payee address; City; State; Zip Code 14243 PROTON RD FARMERS BRANCH, TX 75244
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name VALENTINES DIRECT MARKETING LLC
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Amount (\$) \$8,418.10	Payee address; City; State; Zip Code 14243 PROTON RD FARMERS BRANCH, TX 75244
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name VALENTINES DIRECT MARKETING LLC
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Amount (\$) \$8,418.10	Payee address; City; State; Zip Code 14243 PROTON RD FARMERS BRANCH, TX 75244
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 12/14 Rpt: 45/52	2	FILER NAME Pierson, Katrina L.	3	Filer ID (Ethics Commission Filers) 00088279
4	Date 02/19/2024	5	Payee name VALENTINES DIRECT MARKETING LLC		
6	Amount (\$) \$11,205.02	7	Payee address; City; State; Zip Code 14243 PROTON RD FARMERS BRANCH, TX 75244		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/20/2024		Payee name VALENTINES DIRECT MARKETING LLC		
	Amount (\$) \$7,055.92		Payee address; City; State; Zip Code 14243 PROTON RD FARMERS BRANCH, TX 75244		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/23/2024		Payee name WACKER, KATHRYN		
	Amount (\$) \$50.00		Payee address; City; State; Zip Code 309 FEATHERSTONE DR ROCKWALL, TX 75087		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/14 Rpt: 46/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 01/29/2024	5 Payee name WINRED TECHNICAL SERVICES, LLC
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6 Amount (\$) \$64.01	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name WINRED TECHNICAL SERVICES, LLC
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Amount (\$) \$307.81	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2024	Payee name WINRED TECHNICAL SERVICES, LLC
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Amount (\$) \$131.46	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/14 Rpt: 47/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/20/2024	5 Payee name WINRED TECHNICAL SERVICES, LLC
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6 Amount (\$) \$243.58	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 48/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/01/2024	6 Payee name ANTHEM MEDIA AND MESSAGE, INC
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7 Amount (\$) \$18,500.00	8 Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RESEARCH CONSULTING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2024	Payee name STERLING COLLECTIVE
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Amount (\$) \$4,300.00	Payee address; City; State; Zip Code 3784 BILLY LN MCKINNEY, TX 75071
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/4 Rpt: 49/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/02/2024	5 Payee name CHANDLERS LANDING COMMUNITY ASSOCIATION	
6 Amount (\$) \$350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 336 CRESTHAVEN DR ROCKWALL, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FACILITY RENTAL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name COLLIN COUNTY REPUBLICAN PARTY	
Amount (\$) \$600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2963 W 15TH ST STE 2981 PLANO, TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2024	Payee name COSTCO WHOLESALE	
Amount (\$) \$208.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1225 TEXAS 276 ROCKWALL, TX 75032	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/4 Rpt: 50/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279			
4 Date 02/15/2024	5 Payee name MAILCHIMP				
6 Amount (\$) \$191.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL MARKETING SERVICE			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 02/17/2024	Payee name MAILCHIMP				
Amount (\$) \$170.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL MARKETING SERVICE			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 02/07/2024	Payee name ROCKWALL AREA CHAMBER OF COMMERCE				
Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 697 E I-30 ROCKWALL, TX 75087				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

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 Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/4 Rpt: 51/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4 Date 02/22/2024	5 Payee name STANDARD SERVICE	
6 Amount (\$) \$162.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4240 RIDGE ROAD HEATH, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name STAPLES	
Amount (\$) \$247.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1009 E INTERSTATE 30 ROCKWALL, TX 75067	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name STAPLES	
Amount (\$) \$184.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1009 E INTERSTATE 30 ROCKWALL, TX 75067	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/4 Rpt: 52/52	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
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4 Date 02/06/2024	5 Payee name STAPLES
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6 Amount (\$) \$1,137.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1009 E INTERSTATE 30 ROCKWALL, TX 75067
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name WINGSTOP
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Amount (\$) \$58.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2435 RIDGE ROAD ROCKWALL, TX 75087
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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