CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00088279		2 Total pages file 52	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER		Katrina L.				
NAME					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Pierson				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	609 Goliad St.					
MAILING ADDRESS	#672				Receipt #	Amount
I	-					
Change of Address	Rockwall, TX 75087				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Caitlyn B.				
	NICKNAME	LAST		SUFFIX		
		Tortorici				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE):	AP	r / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	421 Office Park Dr.	,,				
ADDRESS						
(Residence or Business)						
	Mountain Brook, AL 35	5223				
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
TREASURER	(205) 440-2873					
PHONE	(200) 440 2010					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	15th day after carr	npaign treasurer
					appointment (office	eholder only)
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	01/26/2024	TI	HROUGH	02/24/2024	4	
10 ELECTION	ELECTION DATE	E		ELECTION TYPE		
	Month Day Ye	ar XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa		
		GO ⁻	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versio	on V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 52

13 C / OH NAME	Pierson, Katrina L.	1		Ethics Commission Filers)			
			00088279				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 166,615.96			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 211,827.51			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	ST DAY OF THE	\$ 50,902.51			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE LAST DAY	\$ 0.00			
17 AFFIDAVIT	•			·			
		I swear, or affirm, under penalty o true and correct and includes all i under Title 15, Election Code.					
		Katri	ina L. Pierson				
		Signature of C	andidate or Officehold	ler			
		-					
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	_, this the	day			
of							
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath			
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c471			

SUBTOTALS - C/OH			OVER	FORM C/OH SHEET PG 3 3 of 52	
	ER NAM erson, M	ME Katrina L.	19 Filer ID 00088279	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	149,217.25
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	17,398.71
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	184,215.72
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	22,800.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,811.79
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

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

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 5/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kati				00088279	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/05/2024	BLAKEY, BENNIE				\$25.00
	I	6 Contributor address; City; State; Zip Code		1		
		SACHSE, TX 75048				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/16/2024	BOWEN, SCOTT				\$104.10
	I	Contributor address; City; State; Zip Code				
		WEBSTER, TX 77598				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	ENGINEER		TPC GROUP			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/01/2024	BRANSTETTER, DALE				\$260.25
	I			1		
		ROCKWALL, TX 75032				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED	1	RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/01/2024	BRASSINE, JAMEY			• •	\$52.05
	I	Contributor address; City; State; Zip Code		1		
		LA GRANDE, OR 97850				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	TRUCK DRI	VER	JACKO LOGISTICS			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/08/2024	BROWN, BEN				\$52.05
	I	Contributor address; City; State; Zip Code		1		
		FAIRVIEW, TX 75069				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			

SCHEDULE	A1
----------	----

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/27 Rpt: 6/52
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Pierson, Kat	rina L.		00088279
4 Date 02/08/2024	 5 Full name of contributor out-of-state PAC (ID#: CHAMBLISS, JULIE 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$21.07
	FATE, TX 75087		
-	pation / Job title (See Instructions)	9 Employer (See Instructions	
SALES AND	MARKETING DIRECTOR	LAKESHORE ASSISTE	ED LIVING
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/17/2024	CLABAUGH, MARK		\$26.03
	Contributor address; City; State; Zip Code GULF BREEZE, FL 32561		
Dringing ogg		Employer (See Instructions	
ENGINEER	pation / Job title (See Instructions)	Employer (See Instructions SMART FACILITY SOF	
ENGINEER		SIMART FACILITY SUF	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	CLARK, ALLEN		\$250.00
	PLANO, TX 75074		
Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/03/2024	COLON, STEPHEN		\$104.10
	Contributor address; City; State; Zip Code		
	ROCKWALL, TX 75087		
Principal occu SALES	pation / Job title (See Instructions)	Employer (See Instructions MICROSOFT	5)
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: CONNET, STEVE Contributor address; City; State; Zip Code ROCKWALL, TX 75032)	Amount of Contribution (\$) \$52.05
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
VP OPERAT		HIGHMARK	
		1	

SCHEDULE	A1
----------	----

L						
•	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 7/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kat	rina L.			00088279	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
1	02/06/2024	CORNELL, ELLEN				\$5.21
		6 Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	RETIRED		RETIRED			
I	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
(02/04/2024	CROWELL, ROBERT JOHN				\$208.20
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75032				
ļ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:	<u></u>)	Γ	Amount of Contribution (\$)	
(02/08/2024	CULBERTSON, JACK				\$30.00
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75032	1			
	Principal occu ENGINEER	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
1	02/11/2024	DAY, BRIE				\$260.25
		Contributor address; City; State; Zip Code		1		
	Dringingl occu	ROCKWALL, TX 75032	Employer (See Instructions	$\overline{\Gamma}$		
	Principal occu PROFESSO	upation / Job title (See Instructions)	Employer (See Instructions	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+ > = > 0 0
	01/29/2024	DE LEON, J.D.				\$250.00
		Contributor address; City; State; Zip Code				
		НЕАТН, ТХ 75032				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	PRESIDENT		DE LEON HOLDINGS L			
'						
1						

SCHEDULE	A1
----------	----

			1
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/27 Rpt: 8/52
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Pierson, Kat	trina L.		00088279
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/29/2024	DE LEON, THERESA		\$250.00
	6 Contributor address; City; State; Zip Code		1
	HEATH, TX 75032	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
EVP		ARDEN TRUST	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2024			\$52.05
	Contributor address; City; State; Zip Code		1
	ROCKWALL, TX 75032	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	
CNM		SWEET PEA MIDWIFEI	.RY
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	DICHARD, PEGGY	ļ	\$20.25
	Contributor address; City; State; Zip Code		1
	ROCKWALL, TX 75032	_	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/27/2024	· ·		\$21.07
	Contributor address; City; State; Zip Code	······	1
	ROCKWALL, TX 75032	1	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/17/2024	EMANUELSON, KEN		\$900.00
	Contributor address; City; State; Zip Code	1	1
	DALLAS, TX 75252	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	
ATTORNEY	,	THE EMANUELSON FI	IRM

MONET	ARY POLITICAL CONTRIBUTIC)NS	SCHEDULE A1
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/27 Rpt: 9/52
2 FILER NAME Pierson, Katr	rina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/29/2024	 5 Full name of contributor out-of-state PAC (ID#:_ FAMILY EMPOWERMENT COALITION PAC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$15,000.00
	AUSTIN, TX 78734		
3 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: FAMILY EMPOWERMENT COALITION PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00
Principal occu	AUSTIN, TX 78734 pation / Job title (See Instructions)	Employer (See Instructions)	
Date 01/26/2024	Full name of contributor out-of-state PAC (ID#: FISHER, KENNETH Contributor address; City; State; Zip Code PLANO, TX 75093		Amount of Contribution (\$) \$2,500.00
	pation / Job title (See Instructions) CHAIRMAN	I Employer (See Instructions) FISHER INVESTMENTS	
Date 01/26/2024	Full name of contributor out-of-state PAC (ID#: FISHER, SHERRILYN Contributor address; City; State; Zip Code PLANO, TX 75093)	Amount of Contribution (\$) \$2,500.00
Principal occu MEMBER	pation / Job title (See Instructions)	Employer (See Instructions) PLANO 6500 LLC	
Date 02/05/2024	Full name of contributor out-of-state PAC (ID#: FORD, NOREEN Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
Principal occup RETIRED	ROCKWALL, TX 75032 pation / Job title (See Instructions)	Employer (See Instructions) RETIRED	,

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 10/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_	Pierson, Kat				00088279	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/21/2024	GEORGE, TERESA				\$20.24
		6 Contributor address; City; State; Zip Code		1		
_	<u> </u>	ROCKWALL, TX 75032		ŕ		
8	Principal occu RETIRED	upation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	5)		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	± :
	02/02/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		NORTH CANTON, OH 44720				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ۲		
	RETIRED		RETIRED	"		
⊨					Amount of Contribution (\$)	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: GILCHRIST, STEPHEN)		Amount of Contribution (\$)	\$520.51
	0212012024			-		Φ020.01
		Contributor address; City; State; Zip Code				
		COLUMBIA, SC 29201				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PRESIDENT	r i i i i i i i i i i i i i i i i i i i	SMALL BUSINESS			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	, ,	Γ	Amount of Contribution (\$)	
	02/08/2024	GORDON, DANNY				\$100.00
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75038				
		ipation / Job title (See Instructions)	Employer (See Instructions	3)		
L	RETIRED		RETIRED			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/31/2024	GREENE, WILLIAM				\$104.10
		Contributor address; City; State; Zip Code	Ţ	1		
∟		ALEXANDRIA, VA 22308	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	RETIRED		RETIRED			

_						
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 11/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kati	rina L		1	00088279	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/08/2024	HALL, BLAKELEY				\$520.51
		6 Contributor address; City; State; Zip Code		1		
		НЕАТН, ТХ 75032				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	RETIRED		RETIRED			
Γ	Date)	T	Amount of Contribution (\$)	
	02/03/2024	HALL, CATHERINE				\$260.25
		Contributor address; City; State; Zip Code		1		
		НЕАТН, ТХ 75032				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	02/05/2024	HARDISON, JAMIE				\$100.00
		Contributor address; City; State; Zip Code		1		
		FATE, TX 75189				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	HARPER, MARK				\$26.03
		Contributor address; City; State; Zip Code		1		
		FATE, TX 75189				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	TECHNICAL	. SALES	IBM			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/05/2024	HARTHAN, BONITA				\$25.00
		Contributor address; City; State; Zip Code		1		
		ROWLETT, TX 75088				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 12/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kati				00088279	11 110:07
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/19/2024	HAWKINS, LYNN				\$104.10
	I	6 Contributor address; City; State; Zip Code		1		
		FATE, TX 75087				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/14/2024	HENDERSON, TRACY				\$125.17
	I			•		
		ROYSE CITY, TX 75189				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	HOMEMAKE		HOMEMAKER	•		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	01/27/2024	HENDLER, BJ	/			\$210.70
	01,21,202	Contributor address; City; State; Zip Code				<i><i><i>v</i></i></i> <i>LL0²</i>
		Communication address, only, state, zip code				
		COLLEGE STATION, TX 77845				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	」 s)		
	SALES	•	AMERICAN LUMBER	•		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	01/27/2024	HENDLER, SARAH	/			\$210.70
	01,21,202	Contributor address; City; State; Zip Code				<i><i><i>v</i></i></i> <i>LLv</i>
		Continuutor address, City, State, Zip Code				
		COLLEGE STATION, TX 77845				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	SALES		AMERICAN LUMBER			
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
	01/30/2024	HERBST, LONNIE				\$104.10
	I	Contributor address; City; State; Zip Code				
		ROCKWALL, TX 75087				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	」 s)		
	PROJECT N		CDC, INC	-,		
⊢			· ·			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 13/52	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Pierson, Kati	rina L.			00088279	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/07/2024	HERRMANN, SCOTT				\$104.10
		6 Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	ENGINEER		RAYTHEON			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/05/2024	HOLLEYHEAD, JAMES				\$100.00
		Contributor address; City; State; Zip Code				
		ROCKWALL, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/15/2024	HOLMES, LINDA				\$52.05
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75032				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	HOLMES, ROBYN				\$21.07
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VISUAL MER	RCH				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/08/2024	HOPKINS, ROY				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		DALLAS, TX 75212				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	BUSINESS (OWNER	SELF EMPLOYED			

SCHEDULE	A1
----------	----

Pierson, Katrina L. 00088279						
Pierson, Katrina L 00088279 4 Date 02/23/2024 5 Full mame of contributor induces table PAC (tot:::::::::::::::::::::::::::::::::::	The Instruct	tion Guide explains how to complete this f	orm.	1		
4 Date 9 Full name of contributor out-of-state PAC (D#	2 FILER NAME			3	Filer ID (Ethics Commission	on Filers)
02/23/2024 HUANG, PAUL \$200.00 6 Contributor address; City; State; Zip Code \$200.00 7 RICHARDSON, TX 75080 9 Employer (See Instructions) RICHLAND REAL ESTATE Date Full name of contributor out-of-state PAC (ID#;	Pierson, Katri	ina L.			00088279	
6 Contributor address; City; State; Zip Code RICHARDSON, TX 75080 RICHARDSON; TX 75080 8 Principal occupation / Job title (See Instructions) PRESIDENT Date Full name of contributor out-of-state PAC (IDI:	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
RICHARDSON, TX 75080 RICHARDSON, TX 75080 Principal occupation / Job title (See Instructions) PRESIDENT P Employer (See Instructions) RICHLAND REAL ESTATE Date 02/04/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) S50.00 Contributor address; City: State: Zip Code ROCKWALL, TX 75032 Employer (See Instructions) RETIRED Amount of Contribution (S) S200.00 Date 02/08/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) Contributor address; City: State: Zip Code Date 02/08/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) S200.00 Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Date 02/08/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) SELF EMPLOYED Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Date 01/27/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) S104.10 NSURANCE BRADY INGLE INSURANCE BRADY INGLE INSURANCE Date 02/08/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) S1,000.00 02/08/2024 Full name of contributor out-of-state PAC (DB* Amount of Contribution (S) S1,000.00 </td <td>02/23/2024</td> <td>HUANG, PAUL</td> <td></td> <td></td> <td></td> <td>\$200.00</td>	02/23/2024	HUANG, PAUL				\$200.00
RICHARDSON, TX 75080 RICHARDSON, TX 75080 Principal occupation / Job title (See Instructions) PRESIDENT P Employer (See Instructions) RICHLAND REAL ESTATE Date 02/04/2024 Full name of contributor out-of-state PAC (DE:	ē	6 Contributor address; City; State; Zip Code		.		
8 Principal occupation / Job title (See Instructions) PRESIDENT 9 Employer (See Instructions) RICHLAND REAL ESTATE Date Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 02/04/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Amount of Contribution (S) Date Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 02/08/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Amount of Contribution (S) Date Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 01/27/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 02/08/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
8 Principal occupation / Job title (See Instructions) PRESIDENT 9 Employer (See Instructions) RICHLAND REAL ESTATE Date Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 02/04/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Amount of Contribution (S) Date Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 02/08/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Amount of Contribution (S) Date Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 01/27/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) 02/08/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (S) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
PRESIDENT RICHLAND REAL ESTATE Date Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 02/04/2024 HUGHES, ED \$50.00 Contributor address; City, State; Zip Code Employer (See Instructions) \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 02/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 02/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Principal occupation / Job title (See Instructions) SELF EMPLOYED Amount of Contribution (\$) 01/27/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 01/27/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 01/27/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 02/08/2024 Full name of contributor out-of-state PAC (D# Amount o		RICHARDSON, TX 75080				
Date Full name of contributor out-of-state PAC (DBL Amount of Contribution (\$) 02/04/2024 HUGHES, ED \$\$50.00 Contributor address; City: State: Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Full name of contributor out-of-state PAC (IDEL Date Full name of contributor out-of-state PAC (IDEL 02/08/2024 IMBURGIA, JAMES Amount of Contribution (\$) 02/08/2024 Full name of contributor out-of-state PAC (IDEL Principal occupation / Job title (See Instructions) Employer (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Amount of Contribution (\$) 01/27/2024 Full name of contributor out-of-state PAC (IDEL 01/27/2024 Full name of contributor out-of-state PAC (IDEL 01/27/2024 Full name of contributor out-of-state PAC (IDEL Principal occupation / Job title (See Instructions) Employer (See Instructions) BRADY INGLE INSURANCE S1,000.00 O2/08/2024 Full name of contributor out-of-state PAC (IDEL 02/08/2024			9 Employer (See Instructions	is)		
02/04/2024 HUGHES, ED \$\$0.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Full name of contributor out-of-state PAC (De:	PRESIDENT		RICHLAND REAL EST	ATE		
Contributor address; City; State; Zip Code Employer (See Instructions) RCKWALL, TX 75032 Employer (See Instructions) RETIRED Amount of Contributor Date Full name of contributor out-of-state PAC (DF:	Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) 02/08/2024 IMBURGIA, JAMES \$200.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) PAINTING CONTRACTOR SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) 01/27/2024 Full name of contributor out-of-state PAC (ID#:) 01/27/2024 Full name of contributor out-of-state PAC (ID#:) NSURANCE Employer (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE \$1,000.00 O2/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution	02/04/2024					\$50.00
Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Date 02/08/2024 Full name of contributor or out-of-state PAC (DH:) MBURGIA, JAMES Amount of Contribution (\$) \$200.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Employer (See Instructions) SELF EMPLOYED Date 01/27/2024 Full name of contributor or out-of-state PAC (IDH:) ROCKWALL, TX 75032 Amount of Contribution (\$) \$200.00 Date 01/27/2024 Full name of contributor or out-of-state PAC (IDH:) INGLE, BRADY Amount of Contribution (\$) \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) BRADY INGLE INSURANCE Date 02/08/2024 Full name of contributor or out-of-state PAC (IDH:) Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) INSURANCE Employer (See Instructions) BRADY INGLE INSURANCE Date 02/08/2024 Full name of contributor or out-of-state PAC (IDH:) JEFFUS, LARRY Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 02/08/2024 Full name of contributor or out-of-state PAC (IDH:				·		
Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#:		-				
Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#:						
RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#:		ROCKWALL, TX 75032				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 IMBURGIA, JAMES \$200.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 PAINTING CONTRACTOR SELF EMPLOYED Amount of Contribution (\$) \$104.10 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 01/27/2024 INGLE, BRADY Contributor address; City; State; Zip Code Amount of Contribution (\$) \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$104.10 01/27/2024 INGLE, BRADY Employer (See Instructions) \$104.10 NSURANCE BRADY INGLE INSURANCE \$104.00 \$104.00 02/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 02/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 02/08/2024 Full name of contributor address; City; State; Zip Code Amount of Contrib	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	is)		
02/08/2024 IMBURGIA, JAMES \$200.00 Contributor address; City; State; Zip Code \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPLOYED SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) INSURANCE Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/08/2024 GOCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instruct	RETIRED		RETIRED			
02/08/2024 IMBURGIA, JAMES \$200.00 Contributor address; City; State; Zip Code \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPLOYED SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) INSURANCE Employer (See Instructions) BRADY INGLE INSURANCE BRADY INGLE INSURANCE 02/08/2024 Full name of contributor out-of-state PAC (ID#:) 02/08/2024 GCKWALL, TX 75087 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See I	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
ROCKWALL, TX 75032 Employer (See Instructions) SELF EMPLOYED PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE Employer (See Instructions) Date Full name of contributor O2/08/2024 Full name of contributor 01/27/2024 Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) BRADY INGLE INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 02/08/2024 JEFFUS, LARRY \$1,000.00 ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	02/08/2024					\$200.00
Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY s1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY s1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00						
Principal occupation / Job title (See Instructions) PAINTING CONTRACTOR Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY s1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00						
PAINTING CONTRACTOR SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$104.10 ROCKWALL, TX 75087 Employer (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) 02/08/2024 JEFFUS, LARRY Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY \$1,000.00 ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ROCKWALL, TX 75032				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) 02/08/2024 Full name of contributor out-of-state PAC (ID#:) O2/08/2024 Full name of contributor out-of-state PAC (ID#:) ROCKWALL, TX 75087 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				IS)		
01/27/2024 INGLE, BRADY \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 2/08/2024 JEFFUS, LARRY 02/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ONTRACTOR	SELF EMPLOYED			
Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) INSURANCE Date Full name of contributor 02/08/2024 JEFFUS, LARRY Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) BRADY INGLE INSURANCE	Date)	Т	Amount of Contribution (\$)	
ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) INSURANCE Employer (See Instructions) BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 02/08/2024 JEFFUS, LARRY Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code \$1,000.00 ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/27/2024	INGLE, BRADY				\$104.10
Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY \$1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer address)		Contributor address; City; State; Zip Code		Ϊ		
Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY \$1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer address)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY \$1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)						
INSURANCE BRADY INGLE INSURANCE Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY \$1,000.00 Contributor address; City; State; Zip Code FOCKWALL, TX 75087 Full contribution (\$) Principal occuration / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			1			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/08/2024 JEFFUS, LARRY \$1,000.00 Contributor address; City; State; Zip Code \$1,000.00 ROCKWALL, TX 75087 Employer (See Instructions)						
02/08/2024 JEFFUS, LARRY \$1,000.00 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions)	INSURANCE		BRADY INGLE INSURA	ANC	;E 	
Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date)	Τ	Amount of Contribution (\$)	
ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions)	02/08/2024	JEFFUS, LARRY				\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code	1	Ϊ		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
RETIRED		ation / Job title (See Instructions)		IS)		
	RETIRED		RETIRED			

	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 15/52	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Pierson, Kat	rina L.				00088279	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/31/2024	JEFFUS, MELBA					\$300.00
		6 Contributor address; City; S	tate; Zip Code		1		
		ROCKWALL, TX 75087					
8	Principal occu RETIRED	pation / Job title (See Instruction:	S)	9 Employer (See Instructions RETIRED	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/05/2024	JEFFUS, MELBA					\$1,000.00
		Contributor address; City; S					
		ROCKWALL, TX 75087					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> ນ		
	RETIRED		5)	RETIRED	,		
	Date	Full name of contributor		· · · · · · · · · · · · · · · · · · ·	Г	Amount of Contribution (\$)	
	02/07/2024	JOHNSON, KATHI	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	02/01/2024		tata: 7in Code				Ψ100.00
		ROCKWALL, TX 75032					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	RETIRED			RETIRED			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/29/2024	JOHNSON, WESLEY					\$200.00
		Contributor address; City; S	tate; Zip Code				
	Dringing ago	HEATH, TX 75032	2)	Employer (Cap Instructions			
	RETIRED	pation / Job title (See Instruction	5)	Employer (See Instructions RETIRED	5)		
		- u c c u c	<u> </u>		<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢26.02
	02/08/2024	JOHNSTON, KAREN					\$26.03
		Contributor address; City; S	lale; Zip Code				
		ROCKWALL, TX 75087					
	Principal occu	pation / Job title (See Instructions)	S)	Employer (See Instructions	5)		
	SOURCING	CONTRACTING		VIZIENT			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/27 Rpt: 16/52	
2	FILER NAME			3	B Filer ID (Ethics Commission	on Filers)
-	Pierson, Kati				00088279	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	:) 7	Amount of Contribution (\$)	
	02/10/2024	JORDAN, ERICK				\$260.25
		6 Contributor address; City; State; Zip Code				
		ROCKWALL, TX 75087				
8	Principal occu ENGINEERI	ipation / Job title (See Instructions) ING	9 Employer (See Ir L3HARRIS	nstructions)		
F	Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
	02/02/2024	KEOWN, WILLIAM				\$26.03
	I	Contributor address; City; State; Zip Code				
		ZIONSVILLE, IN 46077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
	RETIRED		RETIRED			
╞	Date	Full name of contributor out-of-state PAC (ID#	 :)	Amount of Contribution (\$)	
	02/05/2024	KIRBY, DEBORAH				\$2,024.00
	I	Contributor address; City; State; Zip Code				
		HEATH, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
	OWNER / SE	ECRETARY	MAGNUM HO	ME SERVIO	CE	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
	02/13/2024	KIRK, DONALD				\$260.25
	I	Contributor address; City; State; Zip Code				
		1				
		HEATH, TX 75032				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Ir	nstructions)		
	PRESIDENT	•	WHATABURG	ER OF ME	SQUITE	
F	Date	Full name of contributor out-of-state PAC (ID#	 :)	Amount of Contribution (\$)	
	01/31/2024	KISER, KAREN				\$20.24
	I	Contributor address; City; State; Zip Code				
		1				
		FATE, TX 75189				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Ir	nstructions)		
	-	-				
⊢						

6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 8 Principal occupation / Job title (See Instructions) PRESIDENT 9 Employer (See Instructions) BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	lers) 250.00
Pierson, Katrina L. 00088279 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 02/17/2024 KLUTTS, BEN 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PRESIDENT PRESIDENT 9 Employer (See Instructions) BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE Amount of Contribution (\$)	-
Pierson, Katrina L. 00088279 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 02/17/2024 KLUTTS, BEN 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) PRESIDENT PRESIDENT 9 Employer (See Instructions) BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE Amount of Contribution (\$)	-
02/17/2024 KLUTTS, BEN \$ 6 Contributor address; City; State; Zip Code \$ 8 Principal occupation / Job title (See Instructions) \$ PRESIDENT \$ Date Full name of contributor out-of-state PAC (ID#:) 01/30/2024 KNODEL, NATE \$	250.00
6 Contributor address; City; State; Zip Code 7 ROCKWALL, TX 75087 8 Principal occupation / Job title (See Instructions) PRESIDENT 9 Employer (See Instructions) PRESIDENT 9 Employer (See Instructions) Date Full name of contributor 01/30/2024 Full name of contributor	250.00
6 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 ROCKWALL, TX 75087 8 Principal occupation / Job title (See Instructions) PRESIDENT 9 Employer (See Instructions) BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PRESIDENT BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) 01/30/2024 KNODEL, NATE	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PRESIDENT BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE Image: Contribution (\$) Image: Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PRESIDENT BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE Image: Contribution (\$) Image: Contribution (\$)	
PRESIDENT BEHAVIORAL TRANSFORMATIONS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE Image: Contribution (Contribution (Cont	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/30/2024 KNODEL, NATE	
01/30/2024 KNODEL, NATE	
Contributor address; City; State; Zip Code	\$26.03
ROCKWALL, TX 75087	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
CHIEF OF STAFF ATT	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
	000.00
Contributor address; City; State; Zip Code	000.22
SAN ANTONIO, TX 78232	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
RETIRED RETIRED	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY Contributor address; City; State; Zip Code HEATH, TX 75032	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY Contributor address; City; State; Zip Code Amount of Contribution (\$) HEATH, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY Contributor address; City; State; Zip Code Amount of Contribution (\$) HEATH, TX 75032 HEATH, TX 75032 Employer (See Instructions) RETIRED Employer (See Instructions) RETIRED	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY Contributor address; City; State; Zip Code Amount of Contribution (\$) HEATH, TX 75032 HEATH, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 LIECHTY, PAUL \$	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY Contributor address; City; State; Zip Code Amount of Contribution (\$) HEATH, TX 75032 HEATH, TX 75032 Employer (See Instructions) RETIRED Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 LIECHTY, PAUL Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) HEATH, TX 75032 HEATH, TX 75032	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 LEVINE, BARRY	

The Instruction Guide explains how to complete this form. 1 Total pages Stochadue A1: Sch: 15/27 Rpf: 18/52 2 FLER NAME Pierson, Katrina L. 3 Fielin [En] (Emits Commission Filers) 00008279 4 Date 02/07/2024 5 Full name of contributor address: City: State Zip Code ROCKWALL, TX 75032 7 Amount of Contribution (S) 1/UNINGSTON, JACK 7 Amount of Contribution (S) 02/07/2024 8 Principal occupation / Job Bit (See Instructions) REAL ESTATE 9 Employer (See Instructions) SELF EMPLOYED Amount of Contribution (S) 02/07/2024 Date 02/07/2024 Full name of contributor (UNINGSTON, JACK 9 Employer (See Instructions) SELF EMPLOYED Amount of Contribution (S) 02/07/2024 Date 02/07/2024 Full name of contributor (UNINGSTON, JACK 6 Contribution address: City: State, Zip Code ROCKWALL, TX 75032 Amount of Contribution (S) 02/07/2024 S20.24 Principial occupation / Job Bite (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Amount of Contribution (S) 02/07/2024 S104.10 Date 02/19/2024 Full name of contributor (LOSANES, E.OU) Employer (See Instructions) FREEEDOM AT HOME DIALYSIS Amount of Contribution (S) 02/09/2024 S104.10 Principial occupation / Job Bite (See Instructions) CONSULTANT Employer (See Instructions) FREEEDOM AT HOME DIALYSIS Amount of Contribution (S) 02/09/2024 S52.05 Date 02/09/2024 Full name of contributo							
Pierson, Katrina L. 00088279 4 Dale 5 Full name of contribution		The Instruc	ction Guide explains how to complete this f	orm.	1		
Pierson, Kattina L. 00088279 4 Date 5 Full name of contributor in out-of-state PAC (DBI:	2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
02/07/2024 LIVINGSTON, JACK \$70.00 6 Contributor address; City; State; Zip Code \$70.00 7 ROCKWALL, TX 75032 9 Employer (See Instructions) 7 Full name of contributor out-of-state PAC (Dot:		Pierson, Kat	rina L.				
6 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 8 Principal occupation / Job title (See Instructions) REAL ESTATE SELF EMPLOYED Date 02/07/2024 Full name of contributor out-of-state PAC (Dol: Amount of Contribution (\$) \$20.24 O2/07/2024 Full name of contributor out-of-state PAC (Dol: Amount of Contribution (\$) \$20.24 Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Amount of Contribution (\$) \$104.10 Date 02/19/2024 Full name of contributor out-of-state PAC (Dol: Amount of Contribution (\$) \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Employer (See Instructions) FEREEDOM AT HOME DIALYSIS Principal occupation / Job title (See Instructions) CEO Full name of contributor	4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) REAL ESTATE Date 02/07/2024 Full name of contributor LIVINGSTON, JACK Contributor address, City, State, Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) REAL ESTATE Date 02/07/2024 Full name of contributor LIVINGSTON, JACK Principal occupation / Job title (See Instructions) REAL ESTATE Date 02/19/2024 Full name of contributor LOSANES, LOU Contributor address; City, State; Zip Code Date 02/19/2024 Full name of contributor LOSANES, LOU Contributor address; City, State; Zip Code Principal occupation / Job title (See Instructions) REAL ESTATE Amount of Contribution (\$) S104.10 O2/19/2024 Full name of contributor Contributor address; City, State; Zip Code Amount of Contribution (\$) S104.10 Principal occupation / Job title (See Instructions) CEO FREEEDOM AT HOME DIALYSIS Date 02/09/2024 Full name of contributor Contributor address; City, State; Zip Code Amount of Contribution (\$) S52.05 Date 02/20/2024 Full name of contributor LULE, STEVEN Amount of Contribution (\$) S104.10 Date 02/20/2024 Full name of contributor LULE, STEVEN Amount of Contribution (\$) S104.10 Date 02/20/2024 Full name of contributor LULE, STEVEN Amount of Contribution (\$) S104.10 <th></th> <td>02/07/2024</td> <td>LIVINGSTON, JACK</td> <td></td> <td></td> <td></td> <td>\$70.00</td>		02/07/2024	LIVINGSTON, JACK				\$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 out-of-state PAC (Der) LIVINGSTON, JACK Amount of Contribution (\$) \$20.24 Date 02/07/2024 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.24 Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Amount of Contribution (\$) \$104.10 Date 02/19/2024 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$104.10 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) FREEDOM AT HOME DIALYSIS \$104.10 Date 02/09/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$52.05 \$52.05 Date 02/09/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$52.05 Date 02/20/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$104.10 Date 02/20/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$104.10 Date 02/20/2024 F			6 Contributor address; City; State; Zip Code		1		
8 Principal occupation / Job title (See Instructions) REAL ESTATE 9 Employer (See Instructions) SELF EMPLOYED Date 02/07/2024 Full name of contributor out-of-state PAC (Der) LIVINGSTON, JACK Amount of Contribution (\$) \$20.24 Date 02/07/2024 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.24 Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Amount of Contribution (\$) \$104.10 Date 02/19/2024 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$104.10 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) FREEDOM AT HOME DIALYSIS \$104.10 Date 02/09/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$52.05 \$52.05 Date 02/09/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$52.05 Date 02/20/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$104.10 Date 02/20/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$104.10 Date 02/20/2024 F							
8 Principal occupation / Job title (See Instructions) REAL ESTATE 9 Employer (See Instructions) SELF EMPLOYED Date 02/07/2024 Full name of contributor out-of-state PAC (Der) LIVINGSTON, JACK Amount of Contribution (\$) \$20.24 Date 02/07/2024 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.24 Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Amount of Contribution (\$) \$104.10 Date 02/19/2024 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$104.10 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) FREEDOM AT HOME DIALYSIS \$104.10 Date 02/09/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$52.05 \$52.05 Date 02/09/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$52.05 Date 02/20/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$104.10 Date 02/20/2024 Full name of contributor out-of-state PAC (Der) DCI Amount of Contribution (\$) \$104.10 Date 02/20/2024 F							
REAL ESTATE SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/07/2024 LIVINGSTON, JACK \$20.24 Contributor address; City: State; Zip Code Amount of Contribution (\$) \$20.24 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/19/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/19/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/20/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/20/2024 Full name of contributor out-of-state			ROCKWALL, TX 75032				
Date Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/07/2024 LIVINGSTON, JACK \$20.24 O2/07/2024 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/19/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/19/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/19/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 02/20/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$)	8				s)		
02/07/2024 LIVINGSTON, JACK \$20.24 Contributor address; City; State; Zip Code \$20.24 Principal occupation / Job title (See Instructions) Employer (See Instructions) REAL ESTATE SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:		REAL ESTA	TE	SELF EMPLOYED			
Contributor address; City; State; Zip Code		Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
ROCKWALL, TX 75032 Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 O2/13/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 O2/13/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) FREEEDOM AT HOME DIALYSIS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$52.05 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$52.05 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$52.05 O2/09/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$52.05 ConsultrAnt DCI DCI State; Zip Code State; Zip Code 02/20/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 02/20/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 <		02/07/2024	LIVINGSTON, JACK				\$20.24
Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:			Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:							
Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions) SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:							
REAL ESTATE SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#:							
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/19/2024 LOSANES, LOU \$104.10 Contributor address; City; State; Zip Code \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 02/09/2024 LOVE, KELLY Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) WASHINGTON, DC 20001 Employer (See Instructions) \$52.05 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$52.05 CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 02/20/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 02/20/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 02/20/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution					s)		
02/19/2024 LOSANES, LOU \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Full name of contributor out-of-state PAC (ID#;		REAL ESTA	TE	SELF EMPLOYED			
Contributor address; City; State; Zip Code ROCKWALL, TX 75087 Principal occupation / Job title (See Instructions) CEO Date 02/09/2024 Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) 02/09/2024 Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$52.05 Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) CONSULTANT Date 02/20/2024 Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) DCI Date O2/20/2024 LULE, STEVEN Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions) ROCKWALL, TX 75032		Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
ROCKWALL, TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO FREEDOM AT HOME DIALYSIS Date Full name of contributor		02/19/2024	LOSANES, LOU				\$104.10
Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) FREEEDOM AT HOME DIALYSIS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/09/2024 LOVE, KELLY S52.05 Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) CONSULTANT Employer (See Instructions) DCI Date Full name of contributor out-of-state PAC (ID#:) DCI Date Full name of contributor out-of-state PAC (ID#:) DCI Date Full name of contributor out-of-state PAC (ID#:) LULE, STEVEN Amount of Contribution (\$) 02/20/2024 ILULE, STEVEN S104.10 Contributor address; City; State; Zip Code Employer (See Instructions) ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) FREEEDOM AT HOME DIALYSIS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/09/2024 LOVE, KELLY S52.05 Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) CONSULTANT Employer (See Instructions) DCI Date Full name of contributor out-of-state PAC (ID#:) DCI Date Full name of contributor out-of-state PAC (ID#:) DCI Date Full name of contributor out-of-state PAC (ID#:) LULE, STEVEN Amount of Contribution (\$) 02/20/2024 ILULE, STEVEN S104.10 Contributor address; City; State; Zip Code Employer (See Instructions) ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) FREEEDOM AT HOME DIALYSIS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/09/2024 LOVE, KELLY S52.05 Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) CONSULTANT Employer (See Instructions) DCI Date Full name of contributor out-of-state PAC (ID#:) DCI Date Full name of contributor out-of-state PAC (ID#:) DCI Date Full name of contributor out-of-state PAC (ID#:) LULE, STEVEN Amount of Contribution (\$) 02/20/2024 ILULE, STEVEN S104.10 Contributor address; City; State; Zip Code Employer (See Instructions) ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)							
CEO FREEEDOM AT HOME DIALYSIS Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/09/2024 LOVE, KELLY \$52.05 Contributor address; City; State; Zip Code VASHINGTON, DC 20001 \$52.05 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor CONSULTANT Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$104.10 02/20/2024 LULE, STEVEN S104.10 \$104.10 \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$104.10 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$104.10							
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/09/2024 LOVE, KELLY \$52.05 Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) 02/20/2024 Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 02/20/2024 LULE, STEVEN Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			pation / Job title (See Instructions)				
02/09/2024 LOVE, KELLY \$52.05 Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) LULE, STEVEN \$104.10 02/20/2024 Contributor address; City; State; Zip Code Amount of Contribution (\$) ROCKWALL, TX 75032 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$104.10		CEO		FREEEDOM AT HOME	: DI	ALYSIS	
Contributor address; City; State; Zip Code WASHINGTON, DC 20001 Principal occupation / Job title (See Instructions) CONSULTANT Date Full name of contributor out-of-state PAC (ID#:) LULE, STEVEN Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions) DCI)		Amount of Contribution (\$)	
WASHINGTON, DC 20001 Employer (See Instructions) DCI Principal occupation / Job title (See Instructions) CONSULTANT Employer (See Instructions) DCI Date Full name of contributor out-of-state PAC (ID#:) 02/20/2024 LULE, STEVEN Amount of Contribution (\$) \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		02/09/2024	LOVE, KELLY				\$52.05
Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 LULE, STEVEN \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 LULE, STEVEN \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 LULE, STEVEN \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions)			WASHINGTON DO 20001				
CONSULTANT DCI Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 LULE, STEVEN \$104.10 Contributor address; City; State; Zip Code Fouributor address; City; State; Zip Code Fouributor address ROCKWALL, TX 75032 Employer (See Instructions) Employer (See Instructions)	┝	Drineirelessu		Franksvar (Cas kastrustians			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 LULE, STEVEN \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions)					5)		
02/20/2024 LULE, STEVEN \$104.10 Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions)					_		
Contributor address; City; State; Zip Code ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	*****
ROCKWALL, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/20/2024					\$104.10
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	<u> </u>	Dringing ogg		Employer (See Instructions			
					5)		
	L	OFLIGATION		TOCKER ROOFING			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/27 Rpt: 19/52	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Pierson, Kati	rina L.		00088279	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	02/24/2024	MANNEFELD, STUART			\$26.03
		6 Contributor address; City; State; Zip Code			
		PLANO, TX 75074			
8	-	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
	REAL ESTA	TE MANAGEMENT	SELF EMPLOYED		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/22/2024	MARCHETTI, THOMAS			\$26.03
		Contributor address; City; State; Zip Code			
		ROCKWALL, TX 75032			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
	RETIRED		RETIRED		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/17/2024	MARTIN, GREG			\$100.00
		Contributor address; City; State; Zip Code			
		ALEDO, TX 76008			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•	
			007 MANAGEMENT SE	RVICES, SERIES LLC	
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	02/17/2024	MCCLARD, MICHEAL			\$202.40
		Contributor address; City; State; Zip Code			
		ROCKWALL, TX 75032			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	RETIRED		RETIRED		
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	02/13/2024	MCNUTT, THOMAS			\$1,000.00
		Contributor address; City; State; Zip Code			
		CORSICANA, TX 75110			
		pation / Job title (See Instructions)	Employer (See Instructions		
	VP		COLLIN STREET BAKE	ERY	

L			· · · · · · · · · · · · · · · · · · ·			
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kat	rina L			00088279	
4	Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#: MEGYESI, LANCE)	7	Amount of Contribution (\$)	\$52.05
	-	6 Contributor address; City; State; Zip Code				-
		ROCKWALL, TX 75087				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	EVP CFO		PRIMARY CARE SOLU	JTIC	ONS INC	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	02/08/2024	MILLICAN, TINA				\$100.00
				·		
			,			
			,			
		ROCKWALL, TX 75087	,			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	REAL ESTA		SELF EMPLOYED	ς,		
⊨				—	Array at Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 20 02
	02/15/2024					\$26.03
		Contributor address; City; State; Zip Code	,			
			,			
			,			
		ROCKWALL, TX 75087				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	02/08/2024	MOORE, TIM	,			\$21.07
		Contributor address; City; State; Zip Code		"		
			,			
			,			
		ROCKWALL, TX 75087	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	02/11/2024	MOSES, JOHN	,		,	\$104.10
						Ψ±0
		Contributor address; City; State; Zip Code	,			
			,			
		PLANO, TX 75023	,			
L	Dringing oog			<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			

	The Instru	ction Guide explains how to complete this fo	orm.		al pages Schedule A1: n: 18/27 Rpt: 21/52	
2	FILER NAME				r ID (Ethics Commission	n Filers)
	Pierson, Kati	rina L)88279	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Am	ount of Contribution (\$)	
	02/08/2024	MUGGEO, PATRICIA				\$500.00
	1	6 Contributor address; City; State; Zip Code		1		
		1				
		ROCKWALL, TX 75087				
	Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	02/22/2024	O'NEAL, REBECCA				\$26.03
	I					
		1				
		ROYSE CITY, TX 75189				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	02/21/2024	OLDIGES, DONALD	,		, , , , , , , , , , , , , , , , , , ,	\$202.40
		Contributor address; City; State; Zip Code				
		1				
		FATE, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	RETIRED	1	RETIRED			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	02/08/2024	PARSH, KENDALL			······································	\$25.00
		Contributor address; City; State; Zip Code	,			
		1				
		ROCKWALL, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	SALES	1				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	I Am	ount of Contribution (\$)	
	02/05/2024	PEOPLES, JANICE	,		vant er e e	\$300.00
		Contributor address; City; State; Zip Code		•		
		1				
		ROCKWALL, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u> ג)		
		······································	SELF EMPLOYED	- /		
┣─		J				

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

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

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/27 Rpt: 24/52	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kat	ina L.			00088279	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/05/2024	SERRA, FRANK				\$18.00
		6 Contributor address; City; State; Zip Code				
		ROYSE CITY, TX 75189				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED		RETIRED			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/01/2024	SHANNON, TAHROHON	······································			\$520.51
		Contributor address; City; State; Zip Code				
		OKC, OK 73170				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	CONSULTA	NT	SELF EMPLOYED			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/02/2024	SIMMS, ROB	· · · · · · · · · · · · · · · · · · ·			\$104.10
		Contributor address; City; State; Zip Code				
		ALEXANDRIA, VA 22305				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CONSULTA	NT	SELF EMPLOYED			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	SMELSER, JAY				\$52.05
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	UW MANAG	ER	AXA XL			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	SMITH, IAN				\$52.05
		Contributor address; City; State; Zip Code		1		
		RIVERVIEW, FL 33578				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	TELECOM		HAYES			

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A1:
	cuon duide explains now to complete this h	01111.	Sch: 22/27 Rpt: 25/52
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Pierson, Katı	rina L.		00088279
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/19/2024	SMITH, LENARD		\$26.0
	6 Contributor address; City; State; Zip Code		
	ROCKWALL, TX 75087		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2024	STANLEY, MATTHEW		\$104.1
	Contributor address; City; State; Zip Code		
	SACHSE, TX 75048		
	pation / Job title (See Instructions)	Employer (See Instructions))
SALES		SHAW	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/03/2024	STORY, CHRISTOPHER		\$50.0
	Contributor address; City; State; Zip Code		
	RICHARSON, TX 75082		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
FINANCE		THR PROPERTY MGM	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	TASSET, BRIAN	,	\$60.0
	Contributor address; City; State; Zip Code		
	ROYSE CITY, TX 75189		
	pation / Job title (See Instructions)	Employer (See Instructions))
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2024	TASSET, BRIAN		\$104.1
	Contributor address; City; State; Zip Code		
	ROYSE CITY, TX 75189		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	N
RETIRED		RETIRED)

The Ins	truction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 23/27 Rpt: 26/52
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
Pierson,			00088279
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of Contribution (\$)
02/09/20			\$30.00
	6 Contributor address; City; State; Zip Code		1
	ROYSE CITY, TX 75189		
•	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)
RETIRE)	RETIRED	
Date	Full name of contributor out-of-state PA	PAC (ID#:)	Amount of Contribution (\$)
02/15/20			\$26.03
	Contributor address; City; State; Zip Code		1
	ROYSE CITY, TX 75189		
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	\$)
RETIRE)	RETIRED	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
02/18/20			\$15.62
			•
	ROYSE CITY, TX 75189		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	Σ
RETIRE)	RETIRED	
Date	Full name of contributor out-of-state P/	<u>مەر (ال</u>	Amount of Contribution (\$)
02/05/20		Ας (ισπ,	\$11.00
02,02.	· ·		ł
	Contributor address, Gity, State, Zip Code		
	HEATH, TX 75032		
Principal (ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
REALTO	,	SELF EMPLOYED	<i>"</i>
Date			Amount of Contribution (\$)
02/01/20			\$50,000.00
02/01/20			φυ0,000.00
	Contributor address; City; State; Zip Code		
	VICTORIA, TX 77901		
Drincipal		Employor (Soo Instruction	~
ΡΠΠΟιραι τ	ccupation / Job title (See Instructions)	Employer (See Instructions	3)

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/27 Rpt: 27/52	
2	FILER NAME	FILER NAME			Filer ID (Ethics Commissi	ion Filers)
	Pierson, Kat	rina L.			00088279	
4	Date	5 Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)	7	Amount of Contribution (\$)	
	02/08/2024	TEXANS UNITED FOR A CONSERVATIVE N				\$15,000.00
		6 Contributor address; City; State; Zip Code		·		,
		VICTORIA, TX 77901				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	i inicipal cood			-)		
	Date	Full name of contributor Out-of-state PAC (ID#	<u>+</u> .)	Τ	Amount of Contribution (\$)	
	01/26/2024	THISTLETHWAITE, BARRY	/·/			\$26.03
	01/20/2021	·				\$20.00
		Contributor address; City; State; Zip Code				
		DALLAS, TX 75238				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	TECHNICAL	WRITER	GXO			
	Date	Full name of contributor out-of-state PAC (ID#	<u>+</u> :)	Т	Amount of Contribution (\$)	
	02/08/2024	THRASHER, STEVEN			(1)	\$990.00
				·		
		RICHARDSON, TX 75083				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	ENTREPRE	NEUR	SELF EMPLOYED			
	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Т	Amount of Contribution (\$)	
	02/13/2024	TREBES, JAMES				\$2,024.00
		Contributor address; City; State; Zip Code		·		
		ROCKWALL, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Т	Amount of Contribution (\$)	
	02/23/2024	TROUTT, LISA				\$25,000.00
		Contributor address; City; State; Zip Code		·		
		DALLAS, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	INVESTOR		SELF EMPLOYED			
\vdash			1			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/27 Rpt: 28/52
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Pierson, Kat			00088279
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	02/20/2024	VILLAGOMEZ, JACQUELINE		\$25.00
		6 Contributor address; City; State; Zip Code		1
		ROCKWALL, TX 75087		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	HOMEMAKE	ER	HOMEMAKER	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/20/2024	VILLAGOMEZ, JACQUELINE		\$26.03
		Contributor address; City; State; Zip Code		1
		ROCKWALL, TX 75087		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	HOMEMAKE	ER	HOMEMAKER	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/12/2024	VINES, ROBERT		\$104.10
		Contributor address; City; State; Zip Code		1
		ROWLETT, TX 75088	1	
		<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	5)
	ENGINEER		L3HARRIS	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/31/2024	WACKER, KATHRYN		\$120.24
		Contributor address; City; State; Zip Code]
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ROCKWALL, TX 75087	1	
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)
L	RETIRED		RETIRED	·
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/16/2024	WACKER, KATHRYN		\$21.07
		Contributor address; City; State; Zip Code]
	D : :	ROCKWALL, TN 75087	1 _ / 2 = l = d	
	•	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	5)
L	RETIRED		RETIRED	
1				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/27 Rpt: 29/52	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pierson, Kat	Pierson, Katrina L.			00088279	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/15/2024	WALKER, MAURICE				\$52.05
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		ROYSE CITY, TX 75189				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	ELECTRICA	AL ENGINEER	ONCOR ELECTRIC DE	١L	/ERY	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/05/2024	WEBB, HEATHER				\$260.25
		Contributor address; City; State; Zip Code				
		ROCKWALL, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SALES		HALEON			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/05/2024	WITTIG, JEANINE				\$20.24
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/08/2024	WITTIG, JEANINE				\$100.00
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/08/2024	WITTIG, JEANINE				\$20.24
		Contributor address; City; State; Zip Code		1		
		ROCKWALL, TX 75087				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
1						

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 31/52			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Pierson, Katrina L.			00088279		
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
02/05/2024	FAMILY EMPOWERMENT COALITION PAC		contribution (\$) description \$4,625.00 I DIGITAL ADVERTISING		
	7 Contributor address; City; State; Zip Code				
	AUSTIN, TX 78734		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / 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 contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
02/23/2024	JEFFUS, JENNIFER	······	contribution (\$) description		
	Contributor address; City; State; Zip Code		\$100.00 FOOD / BEVERAGE		
	FATE, TX 75189		I Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
EDUCATOR	R	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 contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
in contributor					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description		
02/23/2024	JEFFUS, MELBA		\$200.00 I FOOD / BEVERAGE		
	Contributor address; City; State; Zip Code				
	ROCKWALL, TX 75087		Check if travel outside of Texas. Complete Schedule T.		
·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	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 contributo	r'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 Instru	ction Guide explains how to complete this f	orm.	Total pages Schedule A2: Sch: 2/3 Rpt: 32/52					
2 FILER NAME Pierson, Ka			3 Filer ID (Ethics Commission Filers) 00088279					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 02/23/2024	 Full name of contributor out-of-state PAC (ID#: MUGGEO, PATRICIA 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) 6escription \$50.00 FOOD / BEVERAGE					
	ROCKWALL, TX 75087		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)					
RETIRED		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 contributo	r'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 out-of-state PAC (ID#: TEXANS UNITED FOR A CONSERVATIVE MA. Contributor address; City; State; Zip Code) JORITY PAC	Amount of In-kind contribution contribution (\$) description \$8,275.00 POLLING					
	VICTORIA, TX 77901		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	rributor'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 out-of-state PAC (ID#: TULEY, SHARON Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$2,000.00 FOOD / BEVERAGE					
	FATE, TX 75189		I Check if travel outside of Texas. Complete Schedule T.					
Principal occu CONSULTII	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON SELF EMPLOYED	-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	'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

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/3 Rpt: 33/52					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Pierson, Ka			00088279					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution					
02/23/2024	TULEY, SHARON		contribution (\$) description					
	7 Contributor address; City; State; Zip Code		\$1,875.001 FACILITY RENTAL					
	FATE, TX 75189		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)					
CONSULTI	NG	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 contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description					
02/23/2024	TULEY, SHARON		\$223.711FOOD / BEVERAGE					
	Contributor address; City; State; Zip Code							
	FATE, TX 75189		Check if travel outside of Texas. Complete Schedule T.					
-	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON						
CONSULTI		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 contributo	utor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution					
02/23/2024	WACKER, KATHRYN		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$50.00 FOOD / BEVERAGE					
			1					
	ROCKWALL, TX 75087		I Check if travel outside of Texas. Complete Schedule T.					
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON						
RETIRED		RETIRED						
	principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)					
If contribute a	is a shild low firm of parant/a) (if any) (FOD TUDIOLAL)							
ii 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 E nmittee Legal Services The Instruction Guid		Loan Repa Office Ove Polling Exp Printing Ex Salaries/W		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 1/14 Rpt: 34/52		Pierson, Katrina L.					00088279	
4	Date	5	Payee name						
	02/19/2024		ANTHEM MEDIA AND MESS	SAGE, IN	С				
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le			
	\$10,000.00		6412 SOTER PARKWAY						
			AUSTIN, TX 78735						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising Expense		iouulo)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		0					, officeholder living expense	
						DIGITAL AD	VE	RTISING	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ıht		Office held	
	Date		Payee name						
	02/21/2024		ANTHEM MEDIA AND MESS	SAGE, IN	С				
	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$30,035.00		6412 SOTER PARKWAY						
			AUSTIN, TX 78735						
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description			
	EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
_	Complete ONLY if direct		Candidate/Officeholder name	(Dffice sou	iht		Office held	
	expenditure to benefit C/OI								
-	Date	<u> </u>	Payee name						
	02/01/2024		AVODROC CUSTOM PRINT	ING. LLC	2				
-	Amount (\$)		Payee address; City;	State	; Zip Co	10			
	\$2,378.25		651 PRESIDENTIAL DR	Sidic,	, zip co				
	Ψ2,570.25		USI I RESIDENTIAL DR						
			RICHARDSON, TX 75081						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description	_		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						ADVERTISI	٩Ġ		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Iht		Office held	
	openditore to benefit C/O	•							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rent Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense				yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Abursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 2/14 Rpt: 35/52		rson, Katrina L.				I	00088279	(
4	Date	5 Pay	ree name								
	01/26/2024	BL	JESTONE CREATI	VES, LLC							
6	Amount (\$)	7 Pay	ree address; City;	State	; Zip Co	de					
	\$1,415.00	590	5900 BALCONES DRIVE								
		ST	E 100								
		AU	STIN, TX 78731								
8	PURPOSE					(b) Description					
0	OF		egory _{(See Categories lis} /ertising Expense	ed at the top of this sch	iedule)		outsio	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		rentising Expense					officeholder living	•		
						SMS MESSA	GIN	GING / PRINTING / POSTAGE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		lidate/Officeholder nar	ne (Dffice sou	yht		Office he	eld		
	Date	Pay	ree name								
	01/31/2024	BL	JESTONE CREATI	VES, LLC							
	Amount (\$)	Pa	vee address; City;	State	; Zip Co	le					
	\$2,550.00		0 BALCONES DRI		, <u></u> p ee.						
	Ψ2,330.00			v L							
		_	E 100								
		AU	STIN, TX 78731								
	PURPOSE OF		egory (See Categories lis	ed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE	Ad	ertising Expense					de of Texas. Com officeholder living	•		
								-	expense		
						DIGITAL AD					
			lidata (Office helder ver					Office he			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		lidate/Officeholder nar	ne C	Office sou	Int		Office he	210		
	•										
	Date	1 1	ree name								
	02/05/2024	BL	JESTONE CREATI	VES, LLC							
	Amount (\$)	Pay	ee address; City;	State	; Zip Co	de					
	\$3,928.00	590	0 BALCONES DRI	VE							
		l st	E 100								
			STIN, TX 78731								
	BUBBAAR					a >					
	PURPOSE OF		egory (See Categories list	ed at the top of this sch	nedule)	(b) Description	outoir	te of Toyac Com	plete Schedule T.		
	EXPENDITURE	Ad	ertising Expense					officeholder living			
									ING / POSTAGE		
	Complete ONLY if direct	Canr	lidate/Officeholder nar	ne (Office sou	nht		Office he	h		
	expenditure to benefit C/OI		inducio Onicentituer Har		2000 3000	jin			51 4		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2		=					2	Filer ID	(Ethics Commission Filers)	,
-	Sch: 3/14 Rpt: 36/52									00088279		,
4	Date	5	Payee name									
	02/16/2024		BLUESTONE CREATIVES, LLC									
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de					
	\$2,294.00	5900 BALCONES DRIVE										
			STE 100									
			AUSTIN, T	x 78731								
8	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense						de of Texas. Com		
										X, officeholder living expense		
								SINIS INESSA	GII	NG / PRINT	ING / POSTAGE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	iceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	02/20/2024		BLUESTON	NE CREATIVE	S, LLC							
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de					
	\$23,306.00				,	,						
	Ψ23,300.00											
		STE 100										
			AUSTIN, T	X 78731								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
			Advertising		·			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Ū	·				Check if Austin	, TX,	officeholder living	g expense	
											MS MESSAGING /	
								PRINTING / I	PO	STAGE		
	Complete ONLY if direct	. (Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									_
	02/21/2024		-	DGE BANK								
					<u> </u>							
	Amount (\$)		Payee addre	-	State;	; Zip Co	de					
	\$25.00		1445-A LAI	JGHLIN AVE								
			MCLEAN, \	/A 22101								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF		Fees	0	·	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder living) expense	
								BANK FEES				
	Complete ONLY if direct		Candidate/Off	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
												_

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						tr/Reimbursement Solicitation/Fundraising Expense I/Rental Expense Transportation Equipment & Related Expense I/Rental Expense Travel in District e Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
4	Total pages Cabadula 51.		(Ethics Commission Filoro)									
1	Total pages Schedule F1: Sch: 4/14 Rpt: 37/52		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pierson, Katrina L. 00088279									
4	Date	5 Pay	vee name				•					
	02/22/2024		CHAIN BRIDGE BANK									
6	Amount (\$) \$25.00	14	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE									
		ј мс	LEAN, VA 22101									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BANK FEES										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder nam	e (Office sou	Jht		Office he	eld			
	Date	Pav	vee name									
	02/19/2024	· ·	OSBY OTTENHOFF	GROUP								
	Amount (\$) Payee address; City; State; Zip Code											
	\$3,583.75	61	L PENNSYLVANIA A	VE SE #267								
	PURPOSE OF EXPENDITURE		egory (See Categories lister counting/Banking	d at the top of this sch	edule)		ι, TX	ide of Texas. Com , officeholder living CONSULTIN	g expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder name	e (Dffice sou	yht		Office he	eld			
	Date	Pav	vee name									
	02/05/2024	l -	MILY EMPOWERME	NT COALITIO	N PAC							
	Amount (\$) \$4,625.00		vee address; City; BOX 341027	State	; Zip Co	de						
		AU	STIN, TX 78734									
	PURPOSE OF EXPENDITURE		egory (See Categories lister vertising Expense	d at the top of this sch	edule)	Check if Austir	ı, TX	ide of Texas. Com , officeholder living ET: DIGITAL				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		lidate/Officeholder name	e (Dffice sou	Jht		Office he	eld			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 5/14 Rpt: 38/52	Pierson, Katrina L.	00088279								
4	Date	Payee name									
	02/23/2024	JEFFUS, JENNIFER									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$100.00	120 PLEASANT HILL LN									
		FATE, TX 75189									
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		outside of Texas. Complete Schedule T.								
			, TX, officeholder living expense								
			SET. FOOD / BEVERAGE								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/23/2024	JEFFUS, MELBA									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$200.00	2606 CYPRESS DR									
		ROCKWALL, TX 75087									
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense SET: FOOD / BEVERAGE								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								
-	Date	Payee name									
	02/06/2024	KEEPERS PRESS, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$714.45	520 LORNA VISTA									
		HEATH, TX 75032									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	Ξ		3	Filer ID	(Ethics Commission Filers)					
-	Sch: 6/14 Rpt: 39/52	[Pierson, Ka						00088279	(
4	Date	5	Payee name										
	02/19/2024		KEEPERS	PRESS, LLC									
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$2,493.00		520 LORNA VISTA										
			HEATH, TX	(75032									
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SIGNS 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	Jht		Office he	ld			
	Date		Payee name										
	02/23/2024		MUGGEO,	PATRICIA									
	Amount (\$)	-	Payee addre		Stato	; Zip Co	10						
	\$50.00			DLEBROOK L		, Σι ρ C0	16						
			ROCKWAL	L, TX 75087									
PURPOSE OF EXPENDITURE			 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense IN KIND OFFSET: FOOD / BEVERAGE 						expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	I I Candidate/Officeholder name Office sought H						Office held					
-	Date		Payee name	1									
	02/22/2024			UR MEDIA CO	OMPANY								
	Amount (¢)		Payee addre	cc: City:	Stato	; Zip Co							
	Amount (\$) \$40,000.00		PO BOX 20		Sidle	, Ζιρ Ου	Je						
			AUSTIN, T	X 78755									
	PURPOSE OF EXPENDITURE		Category (S Advertising	ee Categories listed Expense	at the top of this sch	nedule)		η, TX,	ide of Texas. Comp , officeholder living RTISING				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght		Office he	ld			

	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor						Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	ated Expense
1	Total pages Schedule F1:	5			Guide explaine	now to co.	mpre		3	Filer ID	(Ethics Com	mission Filers)
T									3	00088279	(Ethics Com	mission Filers)
	Sch: 7/14 Rpt: 40/52		Pierson, Ka							00088279		
4	Date 02/05/2024		Payee name ROCKWAL	L GOLF & AT	HLETIC CLU	В						
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de					
	\$2,718.90		2600 CHAN	IPIONS DRIV	Έ							
			ROCKWAL	L, TX 75087								
8	PURPOSE	<u> </u>					(b)	Description				
°	OF	(a)		ee Categories listed	at the top of this sch	nedule)	(D)	Description	outsi	de of Texas. Com	olete Schedule I	r
	EXPENDITURE		FUUU/Deve	rage Expense						officeholder living		
								FOOD / BEV	ER	AGE		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	01/29/2024		TASSET, D	ALTON								
_	Amount (\$)	-	Payee addre	ss; City;	State	; Zip Co	de					
	.,				olulo,	, 20 00	uc					
	43,300.00	\$3,500.00 1600 MARIAH COURT										
			HEATH, T>	(75032								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expense						de of Texas. Com		Г.
	-									officeholder living		
								POLITICAL S	SIR	ATEGYCO	NSULTING	5
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	01/29/2024		TASSET, D	ALTON								
-	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de					
	\$99.03			AH COURT	,	, 1						
	+++++++++++++++++++++++++++++++++++++++		2000									
			ΗΕΑΤΗ, Τ>	(75032								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Travel In D	istrict						de of Texas. Com		г.
									, TX,	officeholder living	expense	
								TRAVEL				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:					•	5		(Ethics Commission Filers)				
L.	Sch: 8/14 Rpt: 41/52	1	Piler NAME 3 Filer ID (Ethics Commission Filers) Pierson, Katrina L. 00088279										
4	Date	5 Pa	Payee name										
	01/29/2024	l	TASSET, DALTON										
6	Amount (\$)	7 Pa	Payee address; City; State; Zip Code										
	\$153.14	1	1600 MARIAH COURT										
				2									
			EATH, TX 7503	2									
8	PURPOSE	(a) C	ategory (See Categ	ories listed at the top of this	schedule)	(b) Description							
	OF EXPENDITURE	F F	ood/Beverage E	xpense				de of Texas. Com					
								officeholder living	expense				
						FOOD / BEV	ER	AGE					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Office sou	ght		Office he	eld				
	Date	Pa	ayee name										
	01/29/2024	Т	ASSET, DALTO	N									
	Amount (\$)		ayee address;		ate; Zip Co	do							
	.,				αιe, Ζιρ Co	ue							
	\$19.49	1600 MARIAH COURT											
		н	EATH, TX 7503	2									
	PURPOSE	(a) C	ategory (See Categ	ories listed at the top of this	schedule)	(b) Description							
	OF EXPENDITURE			Rental Expense				de of Texas. Com					
	LAFENDITORE						, тх,	officeholder living	expense				
						SUPPLIES							
	Complete ONLY if direct	Ca	ndidate/Officehold	er name	Office sou	ght		Office he	ld				
	expenditure to benefit C/OI	Н											
	Date	Б											
	01/29/2024		ayee name ASSET, DALTC	NI.									
	Amount (\$)	1	ayee address;		ate; Zip Co	de							
	\$71.96	10	600 MARIAH C	JURT									
		н	EATH, TX 7503	2									
	PURPOSE	(a) C	ategory (See Cated	ories listed at the top of this	schedule)	(b) Description							
	OF		dvertising Expe		,		outsi	de of Texas. Com	plete Schedule T.				
	EXPENDITURE		5 5 5 1			Check if Austin	, тх,	officeholder living	expense				
						PRINTING / I	PO	STAGE					
-	Complete ONLY if direct	L Cai	ndidate/Officehold	er name	Office sou	aht		Office he	ld				
	expenditure to benefit C/OF				0	y							

	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 Loan Repayment Fees Office Overheadt Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/d					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)		
1		 ²		ulue e d				ľ				
	Sch: 9/14 Rpt: 42/52		Pierson, Kat	rina L.					00088279			
4	Date	5	Payee name									
	02/06/2024		TEXANS UN	IITED FOR A CO	ONSERVA	ATIVE MA	JORITY PAC					
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$8,275.00		405 E CON\			<i>i</i> 1						
	\$0,210.00		400 E CON									
			VICTORIA,	TX 77901								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	nedule)	(b) Description					
	OF		Polling Expe			,	Check if trave	l outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		0 1				Check if Austi	in, TX	, officeholder living	expense		
							IN KIND OF	FSE	ET: POLLING	6		
9	Complete ONLY if direct	(Candidate/Offic	eholder name	(Office soug	aht		Office he	ald		
ľ	expenditure to benefit C/OI					onioo oou	<u>j</u>					
╘												
	Date		Payee name									
	01/30/2024		TULEY, SHA	ARON								
	Amount (\$) Payee address; City; State; Zip Code											
	\$2,000.00	.000.00 171 CHAMBERLAIN DR										
	\$2,000.00		111 010 010									
			FATE, TX 7	5189								
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	nedule)	(b) Description					
	OF			age Expense	•	,	Check if trave	l outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE			5			Check if Austi	in, TX	, officeholder living	expense		
							IN KIND OF	FSE	et: food / e	BEVERAGE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ght		Office he	eld		
╘												
	Date		Payee name									
	02/23/2024		TULEY, SHA	ARON								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$1,875.00		171 CHAMB	ERLAIN DR								
				-100								
			FATE, TX 75	5189								
	PURPOSE	(a)	Category (See	e Categories listed at the	top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Event Exper	ise					ide of Texas. Com			
									, officeholder living			
Í							IN KIND OF	⊢SE	LI: FACILITY	(RENTAL		
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght		Office he	eld		
	expenditure to benefit C/OH											
⊢												
Í												

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)			
	Sch: 10/14 Rpt: 43/52		Pierson, Katrina L. 00088279										
4	Date	5	Payee name										
	02/23/2024		TULEY, SHARON										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$223.71		171 CHAMBERLAIN DR										
			FATE, TX 7	75189									
8	PURPOSE	(a)		ee Categories listed at t		a dula)	(b) Description						
	OF			rage Expense	ne top of this sch	iedule)		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE						Check if Austin	, TX,	officeholder living	expense			
							IN KIND OFF	SE	T: FOOD / E	BEVERAGE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld			
	Date		Payee name										
	01/30/2024		TURQUOIS	SE									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de						
	\$730.68		804 OMAH	A TRAIL									
			KELLER, T	X 76248									
	PURPOSE OF	(a)	Category (S	ee Categories listed at t	he top of this sch	edule)	(b) Description						
	EXPENDITURE		Advertising	Expense					de of Texas. Com officeholder living				
							PHOTOGRA			expense			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Dffice sou	aht		Office he	ld			
	expenditure to benefit C/OI												
-	Date		Payee name										
	01/30/2024		TURQUOIS										
	Amount (\$)		Payee addre		State:	; Zip Co	de						
	\$51.04		804 OMAH		,	,							
			KELLER, T	X 76248									
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	edule)	(b) Description						
	EXPENDITURE		Travel In Di	istrict					de of Texas. Com				
								, 17,	officeholder living	expense			
-	Complete ONLY if direct	L	`andidate/∩ff	iceholder name		Office sou	nht		Office he	ld			
	expenditure to benefit C/OI				C C	500 SOU	gin		Unice fit				
-													

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 11/14 Rpt: 44/52		Pierson, Katrina L. 00088279									
4	Date	5	Payee name									
	01/30/2024		VALENTINES DIRECT MARKETING LLC									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$881.32		14243 PROTON RD									
			FARMERS BRANCH, TX 75	244								
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						PRINTING /	PO	STAGE				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	lht		Office held				
	Date		Payee name									
	02/09/2024		VALENTINES DIRECT MAR	KETING L	LC							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le						
\$8,418.10 14243 PROTON RD												
	40,120120											
			FARMERS BRANCH, TX 75	244								
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
						PRINTING /	PU	STAGE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Int		Office held				
	Date		Payee name									
	02/13/2024		VALENTINES DIRECT MAR	KETING L	LC							
	Amount (\$)		Payee address; City;	State;	; Zip Co	le						
	\$8,418.10		14243 PROTON RD									
			FARMERS BRANCH, TX 75	244								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						PRINTING /	чÜ	STAGE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Iht		Office held				

	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 Expens Gift/Awards/Memorials I umittee Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Sch: 12/14 Rpt: 45/52		Pierson, Katrina L.					00088279	
4	Date 02/19/2024		Payee name VALENTINES DIRECT MAF	RKETING L	LC				
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le			
	\$11,205.02		14243 PROTON RD						
			FARMERS BRANCH, TX 75						
8	PURPOSE OF		Category (See Categories listed at th	e top of this sch	nedule)	(b) Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						PRINTING /	PO	STAGE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ıht		Office held	
	Date		Payee name						
	02/20/2024		VALENTINES DIRECT MAP	RKETING L	LC				
-	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$7,055.92		14243 PROTON RD		, 1				
	\$1,000.0Z								
			FARMERS BRANCH, TX 75						
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b) Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						PRINTING /	PU	STAGE	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	lht		Office held	
	Date		Payee name						
	02/23/2024		WACKER, KATHRYN						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le			
	\$50.00		309 FEATHERSTONE DR						
			ROCKWALL, TX 75087						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	redule)	(b) Description			
	OF		Food/Beverage Expense		,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		0			Check if Austir	n, TX	, officeholder living expense	
						IN KIND OFF	SE	T: FOOD / BEVERAGE	
	Complete ONLY if direct		andidate/Officeholder name	(Office sou	Iht		Office held	
	expenditure to benefit C/OI	Н							
-									

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	ban Repayment/Reimbursement ffice Overhead/Rental Expense Jiling Expense alaries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 13/14 Rpt: 46/52	Pierson, Katrina L.		00088279		
4	Date	Payee name				
	01/29/2024	WINRED TECHNICAL SERVICES, LLC				
6	Amount (\$)		Zip Code			
	\$64.01	1776 WILSON BLVD				
		STE 530				
		ARLINGTON, VA 22219				
8	PURPOSE	Category (See Categories listed at the top of this schedu	e) (b) Description			
	OF EXPENDITURE	-ees	,	outside of Texas. Complete Schedule T.		
	EXPENDITORE			, TX, officeholder living expense		
			CREDIT CAF	RD PROCESSING FEES		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Offi	ce sought	Office held		
	Date	Payee name				
	02/05/2024	WINRED TECHNICAL SERVICES, LLC				
	Amount (\$)	Payee address; City; State; Z	Zip Code			
	\$307.81	1776 WILSON BLVD				
		STE 530				
		ARLINGTON, VA 22219				
	PURPOSE	- -	(b) Departmention			
	OF	Category (See Categories listed at the top of this schedu		outside of Texas. Complete Schedule T.		
	EXPENDITURE	-265		, TX, officeholder living expense		
			CREDIT CAF	RD PROCESSING FEES		
	Complete ONLY if direct	andidate/Officeholder name Offi	ce sought	Office held		
	expenditure to benefit C/OI					
	Date	Payee name				
	02/12/2024	WINRED TECHNICAL SERVICES, LLC				
	Amount (\$)		Zip Code			
	\$131.46	L776 WILSON BLVD				
	+=0=0	STE 530				
		ARLINGTON, VA 22219				
	PURPOSE OF	Category (See Categories listed at the top of this schedu		autoida of Touras, Complete Cabadula T		
	EXPENDITURE	Fees		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
				RD PROCESSING FEES		
				-		
-	Complete ONLY if direct	andidate/Officeholder name Offi	ce sought	Office held		
	expenditure to benefit C/OH					
-						

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Co	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense pense pens (pens /ages	e /Contract Labor		Travel in District Travel Out of Dist	uipment & Related E	
1	Total pages Schedule F1:	2							2	Filer ID	(Ethics Commissi	on Filers)
-	Sch: 14/14 Rpt: 47/52	2	Pierson, Ka						5	00088279		
4	Date 02/20/2024	5	Payee name WINRED T	ECHNICAL SERV	ICES, LLO	С						
6	Amount (\$) \$243.58	7	Payee addre 1776 WILS STE 530 ARLINGTO		State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Fees	ee Categories listed at the t	op of this sche	edule)	(b)		, тх,	de of Texas. Comp officeholder living PROCESSIN	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	0	Office sou	ght			Office he	ld	

	RRED OBLIGATIONS		SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials Exper cal Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 48/52	Pierson, Katrina L.		00088279
⁴ TOTAL OF UNITEM	IZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
02/01/2024	ANTHEM MEDIA AND MESSA		
7 Amount (\$) \$18,500.00	8 Payee address; City; 6412 SOTER PARKWAY	State; Zip Code	
	AUSTIN, TX 78735		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Consulting Expense	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense H CONSULTING
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held
Date 02/24/2024	Payee name STERLING COLLECTIVE		
Amount (\$) \$4,300.00	Payee address; City; 3784 BILLY LN	State; Zip Code	
	MCKINNEY, TX 75071		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held

POLITICAL EX	PENDITURES FROM PERSON	AL FUNDS SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex g Gift/Awards/Memorials Expense Printing E	ayment/Reinbursement Solicitation/Fundraising Expense berhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District xpense Travel Out of District vages/Contract Labor OTHER (enter a category not listed above)		
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 ASSO	CIATION		
6 Amount (\$) \$350.00 X Reimbursement from political contributions intended	 7 Payee address; City; State; Zip Co 336 CRESTHAVEN DR ROCKWALL, TX 75032 	de		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FACILITY RENTAL		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date	Payee name			
02/14/2024 COLLIN COUNTY REPUBLICAN PARTY				
Amount (\$) \$600.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Co 2963 W 15TH ST STE 2981 PLANO, TX 75075	de		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SPONSORSHIPS		
Complete <u>ONLY</u> 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	Payee address; City; State; Zip Co 1225 TEXAS 276	de		
X Reimbursement from political contributions intended	ROCKWALL, TX 75032			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD / BEVERAGE		
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					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Polling Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense spense Travel in District xpes/Contract Labor OTHER (enter a category not listed above)			
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 X 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EMAIL MARKETING SERVICE			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date	Povoo nomo				
02/17/2024	Payee name MAILCHIMP				
Amount (\$) \$170.56 X Reimbursement from political contributions intended	Payee address; City; State; Zip Co 675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EMAIL MARKETING SERVICE			
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 COMMER	CE			
Amount (\$) \$1,500.00	Payee address; City; State; Zip Co 697 E I-30	ode			
X Reimbursement from political contributions intended	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SPONSORSHIPS			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
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 X 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	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date	Payee name						
01/30/2024	STAPLES						
Amount (\$) \$247.72 Reimbursement from political contributions	t from						
intended	ROCKWALL, TX 75067	-					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date 02/02/2024	Payee name STAPLES						
Amount (\$) \$184.00	Payee address; City; State; Zip C 1009 E INTERSTATE 30	ode					
X Reimbursement from political contributions intended	ROCKWALL, TX 75067						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held				

POLITICAL E>	(PENDITURES FROM PEF	RSONAL FUNDS	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		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)
1 Total pages Schedule G: Sch: 4/4 Rpt: 52/52	2 FILER NAME Pierson, Katrina L.	3	Filer ID (Ethics Commission Filers) 00088279
4 Date 02/06/2024	5 Payee name STAPLES	·	
6 Amount (\$) \$1,137.03 Reimbursement from political contributions intended		e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 02/02/2024	Payee name WINGSTOP		
Amount (\$) \$58.99 Reimbursement from political contributions		e; Zip Code	
PURPOSE OF EXPENDITURE	ROCKWALL, TX 75087 Category (See Categories listed at the top of this so Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Forms provided by Texas E	Ethics Commission www.ethics		Version V3.5.1.9000c47