

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088068		2 Total pages filed: 6		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Katherine	MI MI	Date Received <b>ELECTRONICALLY FILED</b> 02/27/2024	
	NICKNAME	LAST Culbert	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
Receipt #			Amount		
Date Processed					
Date Imaged					
5 ORIGINAL PERIOD COVERED		Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024	

6 EXPLANATION OF CORRECTION  
Added donation

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Katherine Culbert

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088068	<b>2 Total pages filed:</b> 6	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Ms.	FIRST Katherine	MI MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 02/27/2024
	NICKNAME _____	LAST Culbert	SUFFIX _____	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1919 Taylor St. #1670 Suite F  Houston, TX 77007		ZIP CODE _____	Receipt # _____
				Amount _____
				Date Processed _____
				Date Imaged _____
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Lou	MI MI	
	NICKNAME _____	LAST Weaver	SUFFIX _____	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1609 Castle Ct. #1  Houston, TX 77006			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (832)	PHONE NUMBER 265-0342	EXTENSION _____	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 01/26/2024	THROUGH	Month    Day    Year 02/24/2024	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> Railroad Commissioner	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Culbert, Katherine (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088068
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	225.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	47.87
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,400.00

**17 AFFIDAVIT**

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

Ms. Katherine Culbert  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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<b>18 FILER NAME</b> Culbert, Katherine (Ms.)		<b>19 Filer ID</b> 00088068	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	225.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	47.87
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/6
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dacey, Derin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77011	
8 Principal occupation / Job title (See Instructions) Admissions Advisor		9 Employer (See Instructions) University of Houston
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Jason	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Waltham, MA 02453	
Principal occupation / Job title (See Instructions) SW Engineer		Employer (See Instructions) MDAudit
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mosley, Neil	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Waco, TX 76716	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) USPS
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodson, Sue	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Galveston, TX 77559	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Ballston Spa, NY 12020	
Principal occupation / Job title (See Instructions) Advertising Services Manager		Employer (See Instructions) Times Union

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 6/6	<b>2</b> FILER NAME Culbert, Katherine (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088068
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Capital One	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$13.12	(b) Date of Charge 02/02/2024
		(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Email
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$34.75	(b) Date of Charge 02/05/2024
		(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Blue Victory Communications	(b) Payee address; City, State, Zip Code PO Box 300624 Austin, TX 78703
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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