## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (                  | Guide explains how to comp | lete this form. | 1 Filer ID<br>(Ethics Comm |                       | <ul><li>2 Total pages filed:</li><li>32</li></ul> |                       |
|---|----------------------------|-----------------|----------------------------|-----------------------|---|-----------------------|
|   |                            |                 | 00088068                   | 3                     |   |                       |
| 3 CANDIDATE /                           | MS / MRS / MR              | FIRST           |                            | MI                    | OEEICE  | USE ONLY              |
| OFFICEHOLDER                            | Ms.                        | Katherine       |                            |                       |   | - OOL ONL!            |
| NAME                                    | IVIS.                      | Ratherine       |                            |                       | Date Received                                     |                       |
|   |                            |                 |                            |                       | ELECTRONI   | CALLY FILED           |
|   |                            |                 |                            |                       |   | 07.122                |
|   | NICKNAME                   | LAST            |                            | SUFFIX                | 07/15/2024  |                       |
|   |                            | Culbert         |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
| 4 CANDIDATE /                           | ADDRESS / PO BOX; APT      | / SUITE #; CIT  | ГΥ;                        | ZIP CODE              | Date Hand-delivere                                | ed or Date Postmarked |
| OFFICEHOLDER                            | 1919 Taylor St. #1670 Su   | ite F           |                            |                       |   |                       |
| MAILING                                 | 1919 Taylor St. #1070 St   | iite i          |                            |                       | Receipt #   | Amount                |
| ADDRESS                                 |                            |                 |                            |                       | receipt #   | Amount                |
| Change of Address                       | Houston, TX 77007          |                 |                            |                       |   |                       |
|   | Tiouston, 1× 11001         |                 |                            |                       | Date Processed                                    |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       | Data Issael                                       |                       |
|   |                            |                 |                            |                       | Date Imaged                                       |                       |
|   |                            |                 |                            |                       |   |                       |
| 5 CAMPAIGN                              | MS / MRS / MR              | FIRST           |                            | MI                    |   |                       |
| TREASURER                               | N.4                        | Lau             |                            |                       |   |                       |
| NAME                                    | Mr.                        | Lou             |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
|   | NICKNAME                   |                 |                            | CLIFFIX               |   |                       |
|   | NICKNAME                   | LAST            |                            | SUFFIX                |   |                       |
|   |                            | Weaver          |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
| • | 070557 4000500 (40 00      | ) DOV DI E40E)  |                            | T / OL IITE // OLT) / |   | 7.7.5                 |
| 6 CAMPAIGN                              | STREET ADDRESS (NO PC      | BOX PLEASE);    | AP                         | T / SUITE #; CITY;    | S   | STATE; ZIP CODE       |
| TREASURER<br>ADDRESS                    | 1609 Castle Ct. #1         |                 |                            |                       |   |                       |
| ADDINESS                                |                            |                 |                            |                       |   |                       |
| (Residence or Business)                 |                            |                 |                            |                       |   |                       |
|   | Houston, TX 77006          |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
| 7 CAMPAIGN                              | AREA CODE PHO              | NE NUMBER       | EXTENSION                  |                       |   |                       |
| TREASURER                               |                            | VE NOWBER       | LXTENSION                  |                       |   |                       |
| PHONE                                   | (832) 265-0342             |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
| 8 REPORT                                |                            |                 |                            |                       |   |                       |
| TYPE                                    | January 15                 | 30th day before | o election                 | Runoff                | 1 15th day after                                  | campaign treasurer    |
|   |                            | Jour day below  | e election                 | Runon                 |   | officeholder only)    |
|   | X July 15                  | 8th day before  | olootion $\square$         | Exceeded modified     | -   | Attach C/OH-FR)       |
|   | X July 15                  | our day before  | election                   | reporting limit       | _ Filial Report (/                                | Allacii C/On-FR)      |
|   |                            |                 |                            |                       |   |                       |
| 9 PERIOD                                | Month Day Year             |                 |                            | Month Day             | Year  |                       |
| COVERED                                 | 02/25/2024                 | TI              | HROUGH                     | 06/30/202             |   |                       |
|   | 02/23/2024                 |                 |                            | 00/30/202             | •   |                       |
|   |                            |                 |                            |                       |   |                       |
| 10 ELECTION                             | ELECTION DATE              |                 |                            | <b>ELECTION TYPE</b>  |   |                       |
|   | Month Day Year             |                 | Primary                    | Runoff                | Other   |                       |
|   | 11/05/2024                 |                 | ,                          | Ш                     | Ш   |                       |
|   | 11/03/2024                 |                 | General                    | Special               |   |                       |
|   |                            |                 |                            | _                     |   |                       |
|   |                            |                 |                            |                       |   |                       |
| 11 OFFICE                               | OFFICE HELD (if any)       |                 |                            | 12 OFFICE SOUGHT      | (if known)  |                       |
|   |                            |                 |                            | Railroad Commis       | ssioner   |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            |                 |                            |                       |   |                       |
|   |                            | GO T            | TO PAGE 2                  |                       |   |                       |
| I                                       |                            |                 |                            |                       |   |                       |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 32

| 13 C / OH NAME                                 | Culbert, Katherine (M         | s.)   | <b>14</b> Filer ID 00088068 | (Ethics Commission Filers) |  |  |
|--|-------------------------------|---|-----------------------------|----------------------------|--|--|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.     | olitical contributions accepted or political expendit<br>These expenditures may have been made without<br>officeholders are required to report this information | the candidate's or office   | eholder's knowledge or     |  |  |
| Additional Pages                               | COMMITTEE TYPE                | COMMITTEE NAME  |                             |                            |  |  |
| ш°   | GENERAL                       |   |                             |                            |  |  |
|  |                               | COMMITTEE ADDRESS   |                             |                            |  |  |
|  | SPECIFIC                      |   |                             |                            |  |  |
|  |                               | COMMITTEE CAMPAIGN TREASURER NAME   |                             |                            |  |  |
|  |                               | COMMITTEE CAMPAIGN TREASURER ADDRE  | SS                          |                            |  |  |
| 16 CONTRIBUTION<br>TOTALS                      |                               | ZED POLITICAL CONTRIBUTIONS (OTHER THA<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELE  |                             | \$ 0.00                    |  |  |
|  | S)                            | \$ 6,658.00   |                             |                            |  |  |
| EXPENDITURE<br>TOTALS                          |                               |   |                             |                            |  |  |
|  | 4. TOTAL POLITIC              | AL EXPENDITURES   |                             | <b>\$</b> 3,530.26         |  |  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE I<br>RIOD   | AST DAY OF THE              | \$ 0.00                    |  |  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD  | OF THE LAST DAY             | \$ 2,400.00                |  |  |
| <b>17</b> AFFIDAVIT                            |                               | l swear, or affirm, under penal<br>true and correct and includes a<br>under Title 15, Election Code.  |                             |                            |  |  |
|  |                               | Ms.   | Katherine Culbert           |                            |  |  |
|  |                               | Signature o   | f Candidate or Officeho     | lder                       |  |  |
| AFFIX NO                                       | TARY STAMP / SEAL ABO         | DVE   |                             |                            |  |  |
| Sworn to and subs                              | cribed before me, by the s    | aid   | , this the                  | day                        |  |  |
|  |                               | rtify which, witness my hand and seal of office.  |                             |                            |  |  |
| Signature of office                            | cer administering             | Printed name of officer administering   | Title of office             | r administering oath       |  |  |

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|    |  |                 |   |                             | VERS       |           | 3 of 32  |
|----|--|-----------------|---|-----------------------------|------------|-----------|----------|
| 18 |  | R NAM<br>ert, K | ME<br>atherine (Ms.)  | <b>19</b> Filer ID 00088068 | (Ethics Co | ommission | Filers)  |
| 20 |  |                 | E SUBTOTALS<br>SCHEDULE   |                             | SUB        | TOTAL AN  | IOUNT    |
|    | 1.   | X               | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 |                             | \$         |           | 6,658.00 |
|    | 2.   |                 | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   |                             | \$         |           |          |
|    | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                       |                 |   |                             |            |           |          |
|    | 4.   |                 | \$  |                             |            |           |          |
|    | 5.   | X               | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | 5                           | \$         |           | 213.78   |
|    | 6.   |                 | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      |                             | \$         |           |          |
|    | 7.   |                 | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION              | ONS                         | \$         |           |          |
|    | 8.   | X               | \$  |                             | 3,316.48   |           |          |
|    | 9.   |                 | \$  |                             |            |           |          |
|    | 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 FOR TO FILER | RETURNED                    | \$         |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |
|    |  |                 |   |                             |            |           |          |

|   | MONEI                          | ARY POLITICAL (   | CONTRIBUTIO            | NS   |  | SCHEDUL   | E <b>A1</b> |
|---|--------------------------------|---|------------------------|--|--|---|-------------|
|   | The Instruc                    | ction Guide explains how  | to complete this fo    | rm.  | 1  | Total pages Schedule A1:<br>Sch: 1/15 Rpt: 4/32 |             |
| 2 | FILER NAME<br>Culbert, Kath    | nerine (Ms.)  |                        |  | 3  | Filer ID (Ethics Commission 00088068            | n Filers)   |
| 4 | Date 05/18/2024                | <ul><li>5 Full name of contributor<br/>Allen, Larry</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#: |  | 7  | Amount of Contribution (\$)                     | \$500.00    |
| 8 | Principal occu<br>Construction | Hudson, CO 80642 pation / Job title (See Instructions Manager   | (5)                    | Employer (See Instructions<br>Self Employed      | )<br>5)                                      |   |             |
|   | Date<br>04/27/2024             | Full name of contributor Baird, Jeremy  Contributor address; City; Si                                 | out-of-state PAC (ID#: |  |  | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Contact Cen  | Ballston Spa, NY 12020 pation / Job title (See Instructions ter Manager                               | s)                     | Employer (See Instructions RA Outdoors LLC dba A |  | ira   |             |
|   | Date<br>06/22/2024             | Full name of contributor  Bellefontaine, Kerry  Contributor address; City; Si  Southborough, MA 01772 |                        |  |  | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Program ma   | pation / Job title (See Instructions  |                        | Employer (See Instructions Dell Technologies     | <u> </u><br>s)                               |   |             |
|   | Date<br>03/11/2024             | Full name of contributor Bhatt, Bhuvanesh Contributor address; City; St                               | out-of-state PAC (ID#: |  |  | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Software dev | pation / Job title (See Instructions<br>veloper   | s)                     | Employer (See Instructions Wolfram Research      | <u>1                                    </u> |   |             |
|   | Date 03/16/2024                | Full name of contributor Boriack, Kate  Contributor address; City; St                                 | out-of-state PAC (ID#: |  |  | Amount of Contribution (\$)                     | \$500.00    |
|   | Principal occu<br>Not employe  | pation / Job title (See Instructions  | s)                     | Employer (See Instructions Not employed          | 5)   |   |             |
|   |                                |   |                        |  |  |   |             |

|   | MONET                         | ARY POLITICAL CONTRIBUTION   | DNS  |   | SCHEDUL   | E <b>A1</b> |
|---|-------------------------------|--|--|---|---|-------------|
|   | The Instru                    | ction Guide explains how to complete this f  | orm.                                       | 1 | Total pages Schedule A1:<br>Sch: 2/15 Rpt: 5/32 |             |
| 2 | FILER NAME<br>Culbert, Kath   |  |  | 3 | Filer ID (Ethics Commission 00088068            | n Filers)   |
| 4 | Date<br>06/28/2024            | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Branch, Melissa</li> <li>Contributor address; City; State; Zip Code</li> </ul> |  | 7 | Amount of Contribution (\$)                     | \$100.00    |
| 8 | Dringinal occu                | Anchorage, AK 99502 pation / Job title (See Instructions)  | 9 Employer (See Instructions               |   |   |             |
| • | Civil Engine                  |  | Self-Employed                              | ) |   |             |
|   | Date<br>06/07/2024            | Full name of contributor out-of-state PAC (ID#:_Bridges, Steve  Contributor address; City; State; Zip Code                               |  |   | Amount of Contribution (\$)                     | \$50.00     |
|   | Delicational                  | Rosanky, TX 78953  | T. Faralana (O. a katanatian               |   |   |             |
|   | Contractor                    | pation / Job title (See Instructions)  | Employer (See Instructions Self Employed   | ) |   |             |
|   | Date<br>06/30/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Cain, Cherie<br>Contributor address; City; State; Zip Code                           | )  |   | Amount of Contribution (\$)                     | \$25.00     |
|   |                               | Glastonbury, CT 06033-1286   |  |   |   |             |
|   | Principal occu<br>Engineer    | pation / Job title (See Instructions)  | Employer (See Instructions                 | ) |   |             |
|   | Date<br>06/28/2024            | Full name of contributor out-of-state PAC (ID#:_ Carey, Colleen Contributor address; City; State; Zip Code LOUDONVILLE, NY 12211         | )  |   | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Marketing   | pation / Job title (See Instructions)  | Employer (See Instructions Denodo          | ) |   |             |
|   | Date<br>05/31/2024            | Full name of contributor out-of-state PAC (ID#:_ Carroll, Bobby Contributor address; City; State; Zip Code Anchorage, AK 99515           |  |   | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Not Employe | pation / Job title (See Instructions)<br>ed  | Employer (See Instructions<br>Not Employed | ) |   |             |
|   |                               |  |  |   |   |             |

|   | MONEI                          | ARY POLITICAL C  | ONTRIBUTIO             | NS  |   | SCHEDUL   | E <b>A1</b> |
|---|--------------------------------|--|------------------------|---|---|---|-------------|
|   | The Instru                     | ction Guide explains how   | to complete this fo    | rm.   | 1   | Total pages Schedule A1:<br>Sch: 3/15 Rpt: 6/32 |             |
| 2 | FILER NAME<br>Culbert, Kath    | nerine (Ms.)   |                        |   | 3   | Filer ID (Ethics Commissio 00088068             | n Filers)   |
| 4 | Date<br>06/07/2024             | <ul> <li>5 Full name of contributor</li> <li>Caulfield, Carly</li> <li>6 Contributor address; City; Sta</li> </ul> | out-of-state PAC (ID#: |   | 7   | Amount of Contribution (\$)                     | \$100.00    |
| 8 | Principal occu<br>Race Directo | Houston, TX 77019 pation / Job title (See Instructions) or   | 9                      | Employer (See Instructions Houston Marathon Com |   | tee Inc.  |             |
|   | Date<br>06/11/2024             | Full name of contributor Charles, David Contributor address; City; Sta Houston, TX 77055                           | out-of-state PAC (ID#: | )   |   | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Educator     | pation / Job title (See Instructions)  | )                      | Employer (See Instructions                      | <u>                                      </u> |   |             |
|   | Date<br>03/17/2024             | Full name of contributor Chrysta Castaneda Camp Contributor address; City; Sta                                     | -                      |   |   | Amount of Contribution (\$)                     | \$500.00    |
|   | Principal occu                 | Dallas, TX 73208 pation / Job title (See Instructions)   |                        | Employer (See Instructions                      | <br>  <br> s)                                 |   |             |
| _ | Date<br>06/04/2024             | Full name of contributor Culbert, Charles Contributor address; City; Sta   |                        | )   |   | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>Not Employe  | pation / Job title (See Instructions) ed   |                        | Employer (See Instructions<br>Not Employed      | s)  |   |             |
|   | Date<br>06/07/2024             | Full name of contributor Culbert, John Contributor address; City; Sta Williamsburg, VA 23185                       | out-of-state PAC (ID#: |   |   | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>Not Employe  | pation / Job title (See Instructions)  |                        | Employer (See Instructions Not Employed         | s)  |   |             |
|   |                                |  |                        |   |   |   |             |

|   | MONET                          | ARY POLITICAL CONTRIBU  | JTION    | IS   |                | SCHEDUL   | E A1       |
|---|--------------------------------|---|----------|--|----------------|---|------------|
|   | The Instruc                    | ction Guide explains how to complete t  | this for | n.   | 1              | Total pages Schedule A1:<br>Sch: 4/15 Rpt: 7/32 |            |
| 2 | FILER NAME<br>Culbert, Kath    | nerine (Ms.)  |          |  | 3              | Filer ID (Ethics Commission 00088068            | on Filers) |
| 4 | Date<br>06/05/2024             | <ul> <li>5 Full name of contributor  out-of-state PAC  Curtiss, Alayne</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |          | )  | 7              | Amount of Contribution (\$)                     | \$100.00   |
| 0 | Dringing con                   | Saratoga Springs, NY 12866  | ام       | Employer (See Instructions                 | <u></u>        |   |            |
| 8 | business ow                    | pation / Job title (See Instructions)<br>ner  | 9        | Employer (See Instructions<br>Make Me Fab  | ·)             |   |            |
|   | Date<br>06/30/2024             | Full name of contributor out-of-state PAC Darrat, Inaas Contributor address; City; State; Zip Code                                      |          | )  |                | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu                 | Houston, TX 77007 pation / Job title (See Instructions)   |          | Employer (See Instructions                 | <u> </u><br>;) |   |            |
|   | Chemical En                    |   |          | Trinity Consultants                        | ,              |   |            |
|   | Date<br>06/07/2024             | Full name of contributor out-of-state PACEAMES, JOEL  Contributor address; City; State; Zip Code  | C (ID#:  |  |                | Amount of Contribution (\$)                     | \$50.00    |
|   |                                | Boerne, TX 78015  |          |  |                |   |            |
|   | Principal occu<br>Cyber Engin  | pation / Job title (See Instructions)<br>eer  |          | Employer (See Instructions Armis Inc.      | 5)             |   |            |
|   | Date<br>06/08/2024             | Full name of contributor out-of-state PAC Edens, Donna Contributor address; City; State; Zip Code Grandfalls, TX 79742                  | ,        | )  |                | Amount of Contribution (\$)                     | \$25.00    |
|   | Principal occu<br>Clerk        | pation / Job title (See Instructions)   |          | Employer (See Instructions Permian Lodging | 5)             |   |            |
|   | Date<br>06/21/2024             | Full name of contributor out-of-state PAC Flanagan, James Contributor address; City; State; Zip Code Saratoga Springs, NY 12866         | C (ID#:  | )  |                | Amount of Contribution (\$)                     | \$100.00   |
|   | Principal occu<br>Financial Ad | pation / Job title (See Instructions)   |          | Employer (See Instructions James Flanagan  | 5)             |   |            |
|   | . manoar Au                    |   |          | Sames i lanagan                            |                |   |            |

|   | MONET                           | ARY POLITICAL CONTRIBUTION   | ΝC  | IS                                      |                | SCHEDUL   | E <b>A1</b> |
|---|---------------------------------|--|-----|---|----------------|---|-------------|
|   | The Instru                      | ction Guide explains how to complete this  | for | m.                                      | 1              | Total pages Schedule A1:<br>Sch: 5/15 Rpt: 8/32 |             |
| 2 | FILER NAME<br>Culbert, Kath     | nerine (Ms.)   |     |   | 3              | Filer ID (Ethics Commission 00088068            | n Filers)   |
| 4 | Date<br>06/10/2024              | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Frieman, Joan</li> <li>Contributor address; City; State; Zip Code</li> </ul> |     |   | 7              | Amount of Contribution (\$)                     | \$25.00     |
| 8 | Principal occu                  | Merrick, NY 11566 pation / Job title (See Instructions)  | 9   | Employer (See Instructions Baldwin UFSD | <u> </u><br>s) |   |             |
|   | Date 04/28/2024                 | Contributor address; City; State; Zip Code   |     | )                                       |                | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>physician     | Austin, TX 78723 pation / Job title (See Instructions)   |     | Employer (See Instructions ascension    | <u> </u><br>s) |   |             |
|   | Date<br>06/28/2024              | Full name of contributor out-of-state PAC (ID#: Garvin, Jamie  Contributor address; City; State; Zip Code                              |     |   | •              | Amount of Contribution (\$)                     | \$25.00     |
|   |                                 | Cape Elizabeth, ME 04107 pation / Job title (See Instructions) ions Director   |     | Employer (See Instructions              | <u> </u><br>s) |   |             |
|   | Date<br>03/07/2024              | Full name of contributor out-of-state PAC (ID#:  |     |   |                | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu<br>Not Employe   | pation / Job title (See Instructions)  |     | Employer (See Instructions Not Employed | <u>I</u><br>S) |   |             |
|   | Date<br>05/22/2024              | Full name of contributor out-of-state PAC (ID#: Gordon, William S  Contributor address; City; State; Zip Code  Austin, TX 78757        |     |   |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>real estate a | pation / Job title (See Instructions) ppraiser   |     | Employer (See Instructions self         | 5)             |   |             |
|   |                                 |  | -   |   |                |   |             |

|   | MONET                         | ARY POLITICAL CONTRIBUTION   | N        | IS                                      |           | SCHEDULE  | <b>■ A1</b> |
|---|-------------------------------|--|----------|---|-----------|---|-------------|
|   | The Instruc                   | ction Guide explains how to complete this fo   | orı      | m.                                      | 1         | Total pages Schedule A1:<br>Sch: 6/15 Rpt: 9/32 |             |
| 2 | FILER NAME<br>Culbert, Kath   | nerine (Ms.)   |          |   | 3         | Filer ID (Ethics Commission 00088068            | Filers)     |
| 4 | Date 04/03/2024               | <ul> <li>Full name of contributor</li></ul>  |          |   | 7         | Amount of Contribution (\$)                     | \$20.00     |
| 8 | Principal occur               | FORT WORTH, TX 76179 pation / Job title (See Instructions)   | 9        | Employer (See Instructions              | <u>;)</u> |   |             |
| • | Not Employe                   |  |          | Not Employed                            | •,        |   |             |
|   | Date<br>05/03/2024            | Full name of contributor out-of-state PAC (ID#:_<br>HAMILL, Samuel<br>Contributor address; City; State; Zip Code                 |          | )                                       | •         | Amount of Contribution (\$)                     | \$20.00     |
|   | Principal occur               | FORT WORTH, TX 76179 pation / Job title (See Instructions)   |          | Employer (See Instructions              | ·/-       |   |             |
|   | Not Employe                   |  |          | Not Employed                            | ·)        |   |             |
|   | Date<br>06/03/2024            | Full name of contributor out-of-state PAC (ID#:_<br>HAMILL, Samuel  Contributor address; City; State; Zip Code                   |          | )                                       |           | Amount of Contribution (\$)                     | \$20.00     |
|   |                               | FORT WORTH, TX 76179   |          |   |           |   |             |
|   | Principal occu<br>Not Employe | pation / Job title (See Instructions)<br>ed  |          | Employer (See Instructions Not Employed | s)        |   |             |
|   | Date<br>06/18/2024            | Full name of contributor out-of-state PAC (ID#:_HAMILL, Samuel  Contributor address; City; State; Zip Code  FORT WORTH, TX 76179 |          | )                                       |           | Amount of Contribution (\$)                     | \$10.00     |
|   | Principal occu<br>Not Employe | pation / Job title (See Instructions)  |          | Employer (See Instructions Not Employed | 5)        |   |             |
|   | Date<br>06/28/2024            | Full name of contributor out-of-state PAC (ID#:_ HAMILL, Samuel Contributor address; City; State; Zip Code  FORT WORTH, TX 76179 |          |   | •         | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Not Employe | pation / Job title (See Instructions)  |          | Employer (See Instructions Not Employed | s)        |   |             |
|   |                               |  | <u> </u> |   |           |   |             |

|   | MONET                         | ARY POLITICAL CONTRIBUTION   | ONS                                     |   | SCHEDUL  | E <b>A1</b> |
|---|-------------------------------|--|---|---|--|-------------|
|   | The Instru                    | ction Guide explains how to complete this f  | orm.                                    | 1 | Total pages Schedule A1:<br>Sch: 7/15 Rpt: 10/32 |             |
| 2 | FILER NAME<br>Culbert, Katl   |  |   | 3 | Filer ID (Ethics Commission 00088068             | n Filers)   |
| 4 | Date 03/10/2024               | Full name of contributor   | )                                       | 7 | Amount of Contribution (\$)                      | \$7.00      |
| _ | Discipal                      | Austin, TX 78705   | D. Farakara (Carakaratian               |   |  |             |
| 8 | Software En                   | pation / Job title (See Instructions) gineer   | 9 Employer (See Instructions) Blackbaud | ) |  |             |
|   | Date<br>04/10/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Hartsook, Deanna<br>Contributor address; City; State; Zip Code             |   |   | Amount of Contribution (\$)                      | \$7.00      |
|   | Principal occu                | Austin, TX 78705  upation / Job title (See Instructions)   | Employer (See Instructions              | ) |  |             |
|   | Software En                   |  | Blackbaud                               |   |  |             |
|   | Date<br>05/10/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Hartsook, Deanna<br>Contributor address; City; State; Zip Code             | )                                       |   | Amount of Contribution (\$)                      | \$7.00      |
|   |                               | Austin, TX 78705   |   |   |  |             |
|   | Principal occu<br>Software En | pation / Job title (See Instructions)<br>gineer  | Employer (See Instructions Blackbaud    | ) |  |             |
|   | Date<br>06/10/2024            | Full name of contributor out-of-state PAC (ID#:_ Hartsook, Deanna Contributor address; City; State; Zip Code  Austin, TX 78705 |   |   | Amount of Contribution (\$)                      | \$7.00      |
|   | Principal occu<br>Software En | pation / Job title (See Instructions)  | Employer (See Instructions Blackbaud    | ) |  |             |
|   | Date<br>06/10/2024            | Full name of contributor out-of-state PAC (ID#:_ Iribarne, Jose Contributor address; City; State; Zip Code  Syracuse, NY 13214 |   |   | Amount of Contribution (\$)                      | \$100.00    |
|   | Principal occu<br>Engineer    | pation / Job title (See Instructions)  | Employer (See Instructions WestRock     | ) |  |             |
|   |                               |  |   |   |  |             |

|   | MONEI                         | ARY POLITICAL CONTRIBU  | JIION    | 15                                      |             | SCHEDUL  | E <b>A1</b> |
|---|-------------------------------|---|----------|---|-------------|--|-------------|
|   | The Instruc                   | ction Guide explains how to complete  | this for | m.                                      | 1           | Total pages Schedule A1:<br>Sch: 8/15 Rpt: 11/32 |             |
| 2 | FILER NAME<br>Culbert, Kath   | nerine (Ms.)  |          |   | 3           | Filer ID (Ethics Commission 00088068             | n Filers)   |
| _ |                               | _   |          |   | Ļ           |  |             |
| 4 | Date<br>06/22/2024            | <ul> <li>Full name of contributor</li></ul>   | (ID#:    | )                                       | ľ           | Amount of Contribution (\$)                      | \$25.00     |
|   |                               | Burlingame, CA 94010  |          |   |             |  |             |
| 8 | Principal occu                | pation / Job title (See Instructions)   | 9        | Employer (See Instructions              | 5)          |  |             |
|   | Engineer & E                  | Executive   |          | Healthy Horizons                        |             |  |             |
|   | Date 06/11/2024               | Full name of contributor out-of-state PA Johnson, Jo Anne Contributor address; City; State; Zip Code        | AC (ID#: | )                                       |             | Amount of Contribution (\$)                      | \$100.00    |
|   |                               | Helotes, TX 78023   |          |   |             |  |             |
|   | Principal occu                | pation / Job title (See Instructions)   |          | Employer (See Instructions              | 5)          |  |             |
|   | Not Employe                   | ed  |          | Not Employed                            |             |  |             |
|   | Date<br>05/16/2024            | Full name of contributor out-of-state PA Jones, Matt  Contributor address; City; State; Zip Code            | AC (ID#: | )                                       |             | Amount of Contribution (\$)                      | \$250.00    |
|   |                               | Saratoga Springs, NY 12866  |          |   |             |  |             |
|   | Principal occu                | pation / Job title (See Instructions)   |          | Employer (See Instructions              | <del></del> |  |             |
|   | Lawyer                        |   |          | Jones Steves Grassi LL                  | Р           |  |             |
|   | Date 02/27/2024               | Full name of contributor out-of-state PA Keeney-Kennicutt, Wendy Contributor address; City; State; Zip Code | AC (ID#: | )                                       |             | Amount of Contribution (\$)                      | \$10.00     |
|   |                               | College Station, TX 77845   |          |   |             |  |             |
|   | Principal occu<br>Not Employe | pation / Job title (See Instructions)   |          | Employer (See Instructions Not Employed | 5)          |  |             |
|   | Date 06/15/2024               | Full name of contributor  out-of-state PA  Kerner, Debra  | C (ID#:  | )                                       |             | Amount of Contribution (\$)                      | \$100.00    |
|   |                               | Contributor address; City; State; Zip Code  Houston, TX 77096   |          |   |             |  |             |
|   | Principal occu                | pation / Job title (See Instructions)   |          | Employer (See Instructions              | 5)          |  |             |
|   | speech path                   | ologist   |          | self                                    |             |  |             |
|   |                               |   |          |   |             |  |             |

|   | MONET                          | ARY POLITICAL CONT  | RIBUTION                | S   |        | SCHEDUL  | E <b>A1</b> |
|---|--------------------------------|---|-------------------------|---|--------|--|-------------|
|   | The Instruc                    | ction Guide explains how to com   | plete this forr         | n.  | 1      | Total pages Schedule A1:<br>Sch: 9/15 Rpt: 12/32 |             |
| 2 | FILER NAME<br>Culbert, Kath    | nerine (Ms.)  |                         |   | 3      | Filer ID (Ethics Commission 00088068             | n Filers)   |
| 4 | Date<br>06/10/2024             | Koym-Garza, Mario   | -state PAC (ID#:<br>ode |   | 7      | Amount of Contribution (\$)                      | \$100.00    |
| 8 | Principal occu                 | Dallas, TX 75248 pation / Job title (See Instructions)                                      | g                       | Employer (See Instructions                          | ;)<br> |  |             |
|   | Data Scientis                  |   |                         | Precocity LLC                                       | -,     |  |             |
|   | Date 03/19/2024                | Full name of contributor out-of-<br>Kral, Nancy b  Contributor address; City; State; Zip C  |                         | )   | •      | Amount of Contribution (\$)                      | \$100.00    |
|   |                                | Spring, TX 77379  |                         |   |        |  |             |
|   | Principal occu<br>Professor    | pation / Job title (See Instructions)   |                         | Employer (See Instructions University of houston-do |        | ntown  |             |
|   | Date<br>06/28/2024             | Full name of contributor out-of-<br>Lahey, Marieke  Contributor address; City; State; Zip C | -state PAC (ID#:        | )   |        | Amount of Contribution (\$)                      | \$25.00     |
|   |                                | Houston, TX 77006   |                         |   |        |  |             |
|   | Principal occu<br>Engineer     | pation / Job title (See Instructions)   |                         | Employer (See Instructions ExxonMobil               | s)     |  |             |
|   | Date<br>06/29/2024             | Lee, Cassidy  |                         | )   | •      | Amount of Contribution (\$)                      | \$100.00    |
|   | Principal occu<br>Communicat   | pation / Job title (See Instructions)<br>ions   |                         | Employer (See Instructions<br>Harris County         | 5)     |  |             |
|   | Date<br>06/30/2024             | Lynn, Virginia  | -state PAC (ID#:        | )   | •      | Amount of Contribution (\$)                      | \$10.00     |
|   | Principal occu<br>City Planner | pation / Job title (See Instructions)   |                         | Employer (See Instructions City of Houston          | 5)     |  |             |
|   | -                              |   | I                       |   |        |  |             |

| MONETARY POLITICAL CONTRIBUTIONS  |   |   |                                       |   | SCHEDULE A1                                       |                                      |           |
|---|---|---|---------------------------------------|---|---|--------------------------------------|-----------|
|   | The Instruction Guide explains how to complete this form.   |   |                                       | 1   | Total pages Schedule A1:<br>Sch: 10/15 Rpt: 13/32 |                                      |           |
| 2   | FILER NAME<br>Culbert, Kath   | nerine (Ms.)  |                                       |   | 3   | Filer ID (Ethics Commission 00088068 | n Filers) |
| 4   | Date 06/25/2024   | <ul><li>5 Full name of contributor     Massey, Michael</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:<br>e; Zip Code |   | 7   | Amount of Contribution (\$)          | \$200.00  |
| _   | Daine in all a con-   | Houston, TX 77002   | lo.                                   |   |   |                                      |           |
| 8   | Senior Direc  | pation / Job title (See Instructions)<br>tor Services   | 9                                     | Employer (See Instructions<br>Juniper Networks Inc. | 5)  |                                      |           |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/07/2024 McLaughlin, Tom  Contributor address; City; State; Zip Code |   |                                       | Amount of Contribution (\$)                         | \$10.00   |                                      |           |
|   | Principal occu  | Houston, TX 77002 pation / Job title (See Instructions)   |                                       | Employer (See Instructions                          | <u> </u>  |                                      |           |
|   |   |   | Tom McLaughlin                        |   |   |                                      |           |
| Date Full name of contributor out-of-state PAC (ID#:_ 06/28/2024 Nowling, Elizabeth  Contributor address; City; State; Zip Code |   |   | )                                     |   | Amount of Contribution (\$)                       | \$30.00                              |           |
|   |   | Houston, TX 77002   |                                       |   |   |                                      |           |
|   | Principal occu<br>Not Employe   | pation / Job title (See Instructions) ed  |                                       | Employer (See Instructions Not Employed             | 5)  |                                      |           |
|   | 04/04/2024 Oster, Leslie  |   |                                       | )   |   | Amount of Contribution (\$)          | \$100.00  |
| ·   |   | Employer (See Instructions Northwestern   | )                                     |   |   |                                      |           |
|   | Date  O6/08/2024  Pyle, Suanne  Contributor address; City; State; Zip Code  Boerne, TX 78006                                  |   |                                       | Amount of Contribution (\$)                         | \$25.00   |                                      |           |
|   | Principal occu<br>Not Employe   | pation / Job title (See Instructions)   |                                       | Employer (See Instructions Not Employed             | 5)  |                                      |           |
|   |   |   |                                       |   |   |                                      |           |

| MONETARY POLITICAL CONTRIBUTIONS   |   |  |                        | SCHEDULE A1                                  |                             |   |           |
|--|---|--|------------------------|--|-----------------------------|---|-----------|
|  | The Instruction Guide explains how to complete this form.   |  |                        |  | 1                           | Total pages Schedule A1:<br>Sch: 11/15 Rpt: 14/32 |           |
| 2  | FILER NAME  |  |                        |  | 3                           | Filer ID (Ethics Commission                       | n Filers) |
|  | Culbert, Kath   |  |                        |  | L                           | 00088068  |           |
| 4  | Date<br>06/16/2024  | <ul> <li>Full name of contributor</li> <li>Ramos, Rosalba</li> <li>Contributor address; City; S</li> </ul> | out-of-state PAC (ID#: | )  | 7                           | Amount of Contribution (\$)                       | \$50.00   |
| _  |   | Houston, TX 77025  |                        |  |                             |   |           |
| 8  | Accountant  | pation / Job title (See Instructions   | S) S                   | P Employer (See Instructions Rice University | s)                          |   |           |
|  | Date Full name of contributor out-of-state PAC (ID#:)  06/10/2024 Richard, Earl  Contributor address; City; State; Zip Code |  |                        | Amount of Contribution (\$)                  | \$25.00                     |   |           |
|  |   | Pearland, TX 77581   |                        |  |                             |   |           |
|  |   | pation / Job title (See Instructions   | s)                     | Employer (See Instructions                   | s)                          |   |           |
|  | Business de   | velopment Mgr  |                        | Emerson                                      | _                           |   |           |
|  | Date Full name of contributor out-of-state PAC (ID# 06/28/2024 Shea, Evalyn  Contributor address; City; State; Zip Code     |  | out-of-state PAC (ID#: | )  | •                           | Amount of Contribution (\$)                       | \$100.00  |
|  |   | Houston, TX 77096  |                        |  |                             |   |           |
|  | Principal occu  | pation / Job title (See Instructions   | s)                     | Employer (See Instructions                   | 5)                          |   |           |
|  | Business Ow   | vner   |                        | Shea Writing and Traini                      | ng                          | Solutions Inc.                                    |           |
| 06/15/2024 Spiegelhauer, Mary  Contributor address; City; State; Zip Cod |   | out-of-state PAC (ID#:   |                        |  | Amount of Contribution (\$) | \$100.00  |           |
|  | Principal occu  | Pearland, TX 77584 pation / Job title (See Instructions  | 5)                     | Employer (See Instructions                   | <u>L</u><br>S)              |   |           |
|  | Engineer  |  |                        | Dow  |                             |   |           |
|  | Date 06/29/2024   |  |                        |  | Amount of Contribution (\$) | \$100.00  |           |
|  |   | Contributor address; City; S  Carrollton, TX 75007   | tate; Zip Code         |  |                             |   |           |
|  | Principal occu<br>Systems Eng   | pation / Job title (See Instructions<br>gineer   | 5)                     | Employer (See Instructions<br>LivaNova       | 5)                          |   |           |
|  |   |  |                        |  |                             |   |           |

| MONETARY POLITICAL CONTRIBUTIONS   |  |  |   |                             | SCHEDULE A1                                       |           |  |
|--|--|--|---|-----------------------------|---|-----------|--|
|  | The Instruction Guide explains how to complete this form.  |  |   | 1                           | Total pages Schedule A1:<br>Sch: 12/15 Rpt: 15/32 |           |  |
| 2  | FILER NAME<br>Culbert, Kath  |  |   | 3                           | Filer ID (Ethics Commission 00088068              | r Filers) |  |
| 4  | Date 06/30/2024  | Date 5 Full name of contributor out-of-state PAC (ID#:)  |   | 7                           | Amount of Contribution (\$)                       | \$50.00   |  |
| 8  | Principal occu   | Houston, TX 77079  upation / Job title (See Instructions)  | 9 Employer (See Instructions            | s)                          |   |           |  |
|  | Claims Manager HSB  Date Full name of contributor out-of-state PAC (ID#:)  Taylor, Robert  Contributor address; City; State; Zip Code  Bedford, TX 76021 |  |   | Amount of Contribution (\$) | \$25.00   |           |  |
|  | Principal occupation / Job title (See Instructions)  Not Employed  Not Employed  |  |   | s)                          |   |           |  |
| Date Full name of contributor out-of-state PAC (II 04/12/2024 Taylor, Robert  Contributor address; City; State; Zip Code |  | Taylor, Robert   |   |                             | Amount of Contribution (\$)                       | \$25.00   |  |
|  | Principal occu   | Bedford, TX 76021 spation / Job title (See Instructions)   | Employer (See Instructions              | s)                          |   |           |  |
|  | Not Employe  |  | Not Employed                            |                             |   |           |  |
| Date<br>05/12/2024   |  | Full name of contributor out-of-state PAC (ID#:)  Taylor, Robert  Contributor address; City; State; Zip Code |   |                             | Amount of Contribution (\$)                       | \$25.00   |  |
|  | Deinsinal assu   | Bedford, TX 76021  | Frankrija (Cap kastrijationa            |                             |   |           |  |
|  | Not Employe  | pation / Job title (See Instructions) ed   | Employer (See Instructions Not Employed | S)                          |   |           |  |
|  | Date Full name of contributor out-of-state PAC (ID#:)  06/12/2024 Taylor, Robert  Contributor address; City; State; Zip Code  Bedford, TX 76021          |  |   | Amount of Contribution (\$) | \$25.00   |           |  |
|  | Principal occu<br>Not Employe  | pation / Job title (See Instructions) ed   | Employer (See Instructions Not Employed | s)                          |   |           |  |
|  |  |  |   |                             |   |           |  |

| MONETARY POLITICAL CONTRIBUTIONS                     |  |   |     |  | SCHEDULE A1                 |   |           |
|--|--|---|-----|--|-----------------------------|---|-----------|
|  | The Instruction Guide explains how to complete this form.  |   |     |  | 1                           | Total pages Schedule A1:<br>Sch: 13/15 Rpt: 16/32 |           |
| 2  | FILER NAME<br>Culbert, Kath  | nerine (Ms.)  |     |  | 3                           | Filer ID (Ethics Commission 00088068              | n Filers) |
| 4  | Date 03/06/2024  | ate 5 Full name of contributor out-of-state PAC (ID#:)    |     | 7  | Amount of Contribution (\$) | \$50.00   |           |
|  | Dringing! goog   | Houston, TX 77019   | lo. | Employer (See Instructions                   | ·/                          |   |           |
| 8  | Not Employe  | pation / Job title (See Instructions)<br>ed               | 9   | Not Employed                                 | )                           |   |           |
|  | Date Full name of contributor out-of-state PAC (ID#:)  06/07/2024 Terrell, A  Contributor address; City; State; Zip Code                 |   |     | Amount of Contribution (\$)                  | \$50.00                     |   |           |
|  | Principal occu   | Houston, TX 77019 pation / Job title (See Instructions)   |     | Employer (See Instructions                   | :)<br>                      |   |           |
|  | Not Employed  Not Employed  Not Employed   |   |     |  | ,,                          |   |           |
| Date Full name of contributor out-of-state PAC (ID#: |  | )   |     | Amount of Contribution (\$)                  | \$25.00                     |   |           |
|  |  | Bastrop, TX 78602   |     |  |                             |   |           |
|  | Principal occu<br>Not Employe  | pation / Job title (See Instructions)                     |     | Employer (See Instructions Not Employed      | 5)                          |   |           |
|  | Date Full name of contributor out-of-state PAC (ID# 06/10/2024 Tracy, Michael  |   |     | )  |                             | Amount of Contribution (\$)                       | \$100.00  |
|  | Principal occupation / Job title (See Instructions)  Business Intelligence Developer  Employer (See Instructions)  Health First Inc.     |   |     | 5)   |                             |   |           |
|  | Date  Full name of contributor out-of-state PAC (ID#:)  Tracy, Michael  Contributor address; City; State; Zip Code  Tltusville, FL 32780 |   |     | Amount of Contribution (\$)                  | \$50.00                     |   |           |
|  |  | pation / Job title (See Instructions) elligence Developer |     | Employer (See Instructions Health First Inc. | 5)                          |   |           |
|  | יייייייייייייייייייייייייייייייייייייי   | вшувнов речеюрен  |     | i icaiui Fiist IIIC.                         |                             |   |           |

| MONETARY POLITICAL CONTRIBUTIONS |  |  |            |  | SCHEDULE A1                 |   |           |
|----------------------------------|--|--|------------|--|-----------------------------|---|-----------|
|                                  | The Instruction Guide explains how to complete this form.  |  |            |  | 1                           | Total pages Schedule A1:<br>Sch: 14/15 Rpt: 17/32 |           |
| 2                                | FILER NAME<br>Culbert, Kath  | nerine (Ms.)   |            |  | 3                           | Filer ID (Ethics Commission 00088068              | n Filers) |
| 4                                | Date 03/19/2024  | e 5 Full name of contributor out-of-state PAC (ID#:)     |            | 7  | Amount of Contribution (\$) | \$50.00   |           |
| 8                                | Principal occu<br>Owner  | Irvine, CA 92606 pation / Job title (See Instructions    | s) <u></u> | Employer (See Instructions<br>Charlotte Wagner | s)                          |   |           |
|                                  | Date Full name of contributor out-of-state PAC (ID#:)  06/07/2024 Webb, Biddie  Contributor address; City; State; Zip Code                               |  |            | Amount of Contribution (\$)                    | \$100.00                    |   |           |
|                                  | Principal occupation / Job title (See Instructions)  partner  Employer (See Instructions)  LIMB  |  |            | <u> </u><br>s)                                 |                             |   |           |
|                                  | Date Full name of contributor out-of-state PAC (ID#:) 03/06/2024 Wood, Jeanine  Contributor address; City; State; Zip Code                               |  | )          |  | Amount of Contribution (\$) | \$100.00  |           |
|                                  | Deinsinal assu   | Littleton, MA 01460                                      |            | Familia var (Can Instructions                  | <u></u>                     |   |           |
|                                  | Not Employe  | pation / Job title (See Instructions<br>ed               | )          | Employer (See Instructions Not Employed        | >)                          |   |           |
|                                  | Date  O3/17/2024  Full name of contributor out-of-state PAC (ID#:  |  |            | •  | Amount of Contribution (\$) | \$25.00   |           |
|                                  | Principal occupation / Job title (See Instructions)  Advertising Services Manager  Employer (See Instructions)  Times Union                              |  |            | 5)   |                             |   |           |
|                                  | Date O4/17/2024  Full name of contributor out-of-state PAC (ID#:)  Wright, Christine  Contributor address; City; State; Zip Code  Ballston Spa, NY 12020 |  |            | Amount of Contribution (\$)                    | \$25.00                     |   |           |
|                                  |  | pation / Job title (See Instructions<br>Services Manager | (3)        | Employer (See Instructions Times Union         | 5)                          |   |           |
|                                  |  |  |            |  |                             |   |           |

|   | MONET   | ARY POLITICAL CONTRIBUTION                                      | SCHEDULE A1   |  |  |
|---|---|---|---|--|--|
|   | The Instru  | ction Guide explains how to complete this f                     | 1 Total pages Schedule A1:<br>Sch: 15/15 Rpt: 18/32 |  |  |
| 2 | FILER NAME<br>Culbert, Kath   |   |   | 3 Filer ID (Ethics Commission Filers) 00088068 |  |
| 4 | Date 05/17/2024   | <ul> <li>Full name of contributor</li></ul>                     | )   | 7 Amount of Contribution (\$) \$25.00          |  |
| 8 | Principal occu  | Ballston Spa, NY 12020<br>pation / Job title (See Instructions) | 9 Employer (See Instructions                        | ls)  |  |
|   | Advertising S   | Services Manager  | Times Union   |  |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/17/2024 Wright, Christine  Contributor address; City; State; Zip Code |   | Amount of Contribution (\$)                         |  |  |
|   | <u> </u>  | Ballston Spa, NY 12020  | - 1 (0 1 1 1  |  |  |
|   | Principal occupation / Job title (See Instructions)  Advertising Services Manager  Times Union                                  |   |   | is)  |  |
|   |   |   |   | Amount of Contribution (\$)                    |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  05/18/2024 dahlberg, lynn  Contributor address; City; State; Zip Code    |   |   | \$25.00  |  |
|   |   | Houston, TX 77004   |   |  |  |
|   | Principal occu<br>Not Employe   | pation / Job title (See Instructions)                           | Employer (See Instructions<br>Not Employed          | s)   |  |
|   | Date Full name of contributor out-of-state PAC (ID#:  |   |   | Amount of Contribution (\$) \$100.00           |  |
|   | Principal occupation / Job title (See Instructions) Employer (See Instruction   |   |   | as)  |  |
|   | Not Employed Not Employed   |   |   |  |  |
|   |   |   |   |  |  |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Out of District<br>(enter a category not listed above) |  |  |  |
|----------|--|--|--|--|--|--|
| 1        | Total pages Schedule F1:   | .: 2 FILER NAME 3 Filer I  | D (Ethics Commission Filers)                           |  |  |  |
| _        | Sch: 1/6 Rpt: 19/32  | Culbert, Katherine (Ms.)   |  |  |  |  |
| 4        | Date   | 5 Payee name   |  |  |  |  |
|          | 03/03/2024   | ActBlue  |  |  |  |  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |  |
|          | \$0.40   | 366 Summer St  |  |  |  |  |
|          |  |  |  |  |  |  |
|          |  | Somerville, MA 02144   |  |  |  |  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |  |  |  |
|          | OF<br>EXPENDITURE  | Fees Check if travel outside of Te:  |  |  |  |  |
|          |  | Check if Austin, TX, officeho  | lder living expense                                    |  |  |  |
|          |  | fee  |  |  |  |  |
|          |  |  |  |  |  |  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI  |  | ffice held   |  |  |  |
| <b>—</b> | Date   | Davos namo   |  |  |  |  |
|          |  | Payee name   |  |  |  |  |
|          | 03/10/2024   | ActBlue  |  |  |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |
|          | \$10.16  | 366 Summer St  |  |  |  |  |
|          |  |  |  |  |  |  |
|          |  | Somerville, MA 02144   |  |  |  |  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |  |  |  |
|          | OF<br>EXPENDITURE  | Fees Check if travel outside of Te:  |  |  |  |  |
|          |  | Check if Austin, TX, officeho  | laer living expense                                    |  |  |  |
|          |  | lee  |  |  |  |  |
|          |  |  |  |  |  |  |
|          | Complete ONLY if direct expenditure to benefit C/OI  |  | ffice held   |  |  |  |
|          | experiantare to benefit Great  |  |  |  |  |  |
|          | Date   | Payee name   |  |  |  |  |
|          | 03/17/2024   | ActBlue  |  |  |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |
|          | \$22.72  | 2 366 Summer St  |  |  |  |  |
|          |  |  |  |  |  |  |
|          |  | Somerville, MA 02144   |  |  |  |  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |  |  |  |
|          | OF<br>EXPENDITURE  | Fees Check if travel outside of Tex  | xas. Complete Schedule T.                              |  |  |  |
|          | EXPENDITORE  | Check if Austin, TX, officeho  | lder living expense                                    |  |  |  |
|          |  | fee  |  |  |  |  |
|          |  |  |  |  |  |  |
|          | Complete ONLY if direct  |  | ffice held   |  |  |  |
|          | expenditure to benefit C/OH  |  |  |  |  |  |
|          |  |  |  |  |  |  |
|          |  |  |  |  |  |  |
|          |  |  |  |  |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |   |
|---|--|--|---|
|   |  | The Instruction Guide explains how to complete this form.  | _ |
| 1 | Total pages Schedule F1:<br>Sch: 2/6 Rpt: 20/32  | 2 FILER NAME Culbert, Katherine (Ms.) 3 Filer ID (Ethics Commission Filers) 00088068               |   |
| 1 | Date   | 5. Dougo nama  | _ |
| 4 |  | 5 Payee name   |   |
|   | 03/24/2024   | ActBlue  |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |   |
|   | \$5.93   | 366 Summer St  |   |
|   |  |  |   |
|   |  | Companillo, MA 00144   |   |
|   |  | Somerville, MA 02144   |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                   |   |
|   | OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  |   |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense   |   |
|   |  | fee  |   |
|   |  |  |   |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  | _ |
|   | expenditure to benefit C/OI  |  |   |
|   |  |  | _ |
|   | Date   | Payee name   |   |
|   | 04/07/2024   | ActBlue  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   | _ |
|   | \$4.74   | 366 Summer St  |   |
|   | Ψ  |  |   |
|   |  |  |   |
|   |  | Somerville, MA 02144   |   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                   |   |
|   | OF   | Fees Check if travel outside of Texas. Complete Schedule T.  |   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |   |
|   |  | fee  |   |
|   |  |  |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  | _ |
|   | expenditure to benefit C/OI  |  |   |
|   |  |  | _ |
|   | Date   | Payee name   |   |
|   | 04/14/2024   | ActBlue  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |   |
|   | \$1.27   | 366 Summer St  |   |
|   |  |  |   |
|   |  | Companillo, MA 00144   |   |
|   |  | Somerville, MA 02144   |   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                   |   |
|   | OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  |   |
|   | EXI ENDITORE   | Check if Austin, TX, officeholder living expense   |   |
|   |  | fee  |   |
|   |  |  |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |   |
|   | expenditure to benefit C/OI  | <del>1</del>   |   |
|   |  |  | _ |
|   |  |  |   |
|   |  |  |   |
| _ |  |  |   |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|          | Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 3/6 Rpt: 21/32  | Culbert, Katherine (Ms.) 00088068   |
| 4        | Date   | 5 Payee name  |
|          | 04/21/2024   | ActBlue   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$0.99   | 366 Summer St   |
|          |  |   |
|          |  | Somerville, MA 02144  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense fee  |
|          |  | 166   |
| _        |  |   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |
|          | experience to benefit 6/01                                 | ·<br>   |
|          | Date   | Payee name  |
|          | 04/28/2024   | ActBlue   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$1.98   | 366 Summer St   |
|          |  |   |
|          |  | Somerville, MA 02144  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | fee   fee   |
| _        |  |   |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|          | experientare to beriefit Great                             |   |
|          | Date   | Payee name  |
|          | 05/05/2024   | ActBlue   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$0.79   | 366 Summer St   |
|          |  |   |
|          |  | Somerville, MA 02144  |
|          | DUDDO05  |   |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.                     |
|          | EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|          |  | fee   |
|          |  |   |
| $\vdash$ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                                |   |
| _        |  |   |
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|          |  |   |

## SCHEDULE F1

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

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

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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.  |                           |
|---|--|--|---------------------------|
| 1 | Total pages Schedule F1:<br>Sch: 4/6 Rpt: 22/32    | 2 FILER NAME Culbert, Katherine (Ms.) 3 Filer ID (00088068   | Ethics Commission Filers) |
| 4 | Date 05/12/2024                                    | 5 Payee name<br>ActBlue  |                           |
| 6 | Amount (\$)<br>\$1.27                              | 7 Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144   |                           |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Comple  Check if Austin, TX, officeholder living ex |                           |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held  |                           |
|   | Date<br>05/19/2024                                 | Payee name ActBlue   |                           |
|   | Amount (\$)<br>\$15.81                             | Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144   |                           |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Comple  Check if Austin, TX, officeholder living ex |                           |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held OH   |                           |
|   | Date 05/26/2024                                    | Payee name ActBlue   |                           |
|   | Amount (\$)<br>\$1.98                              | Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144   |                           |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Comple  Check if Austin, TX, officeholder living ex |                           |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held  |                           |
|   |  |  |                           |

### SCHEDULE F1

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

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to comple   | ete this form.  |
|---|---|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 5/6 Rpt: 23/32     | FILER NAME     Culbert, Katherine (Ms.)  | 3 Filer ID (Ethics Commission Filers) 00088068  |
| 4 | Date 06/02/2024                                     | 5 Payee name ActBlue   | I .   |
| 6 | Amount (\$)<br>\$0.99                               | 7 Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144                       |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        |  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense     |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought  | Office held   |
|   | Date 06/09/2024                                     | Payee name<br>ActBlue  |   |
|   | Amount (\$)<br>\$31.83                              | Payee address; City; State; Zip Code 366 Summer St   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | Somerville, MA 02144  (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 fee |
|   | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought  | Office held   |
|   | Date<br>06/16/2024                                  | Payee name<br>ActBlue  |   |
|   | Amount (\$)<br>\$30.91                              | Payee address; City; State; Zip Code 366 Summer St   |   |
|   |   | Somerville, MA 02144   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Fees                           | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense fee |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|   |   |  |   |

### SCHEDULE F1

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

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

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               |   |
|          | Sch: 6/6 Rpt: 24/32                                    | Culbert, Katherine (Ms.) 00088068   |
| 4        | Date   | 5 Payee name  |
|          | 06/23/2024   | ActBlue   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$8.31   | 366 Summer St   |
|          |  |   |
|          |  | Somerville, MA 02144  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|          |  | fee   |
|          |  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| $\vdash$ | Date   | Davis game  |
|          |  | Payee name  |
|          | 06/30/2024   | ActBlue   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$73.70  | 366 Summer St   |
|          |  |   |
|          |  | Somerville, MA 02144  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | fee   |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
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#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| Candidate/Oniceriolae//Folitica |   | ruction Guide explains how     | to complete tl                      |  | TIEN (enter a catego               | ly flot listed at | bove)        |  |  |
|---------------------------------|---|--------------------------------|-------------------------------------|--|------------------------------------|-------------------|--------------|--|--|
| 1 Total pages Schedule F4:      | 2 FILER NAME  |                                |                                     |  | 3 Filer ID (Ethi                   | cs Commiss        | sion Filers) |  |  |
| Sch: 1/8 Rpt: 25/32             | Culbert, Katherine (                                      | (Ms.)                          |                                     |  | 00088068                           |                   |              |  |  |
| 4 CREDIT CARD<br>ISSUER         | Name of final   | ncial institution<br>al One    | EXPEND                              | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                                 |                   |              |  |  |
| 6 PAYMENT                       | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer Paid |  |                                    |                   |              |  |  |
|                                 | \$9.99  | 02/26/2024                     |                                     |  |                                    |                   |              |  |  |
| 7 PAYEE                         | (a) Payee name  |                                | (b) Payee a                         | ıddress;                                   | City,                              | State,            | Zip Code     |  |  |
|                                 | iPostal1, LLC   |                                | 400 Rella                           | Blvd, Suite 206                            |                                    |                   |              |  |  |
|                                 |   |                                | Montebell                           | o, NY 10901                                |                                    |                   |              |  |  |
| 8 PURPOSE OF                    | (a) Category  |                                | (b) Descript                        | tion                                       |                                    |                   |              |  |  |
| EXPENDITURE                     | (See Categories listed at the top<br>Office Overhead/Rent |                                | Office Exp                          | oense                                      |                                    |                   |              |  |  |
| X Political                     | omee overnead/rem   | ат Ехрепос                     |                                     |  |                                    |                   |              |  |  |
| Non-Political                   | (c) Check if travel outside                               | of Texas. Complete Schedule T. |                                     | Check if Austin, TX,                       | n, TX, officeholder living expense |                   |              |  |  |
| 9 Complete ONLY if direct       | Candidate/Officeholder                                    | name Office                    | e sought                            |  | Office held                        |                   |              |  |  |
| expenditure to benefit C/OH     |   |                                |                                     |  |                                    |                   |              |  |  |
| PAYMENT                         | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)                         | Credit Card Issuer                         | Paid                               |                   |              |  |  |
|                                 | \$24.13   | 02/28/2024                     |                                     |  |                                    |                   |              |  |  |
| PAYEE                           | (a) Payee name  |                                | (b) Payee a                         | address;                                   | City,                              | State,            | Zip Code     |  |  |
|                                 |   |                                | 500 Terry                           | A Francois Blvd                            | l                                  |                   |              |  |  |
|                                 | Wix   |                                | 6th floor                           |  |                                    |                   |              |  |  |
|                                 |   |                                | San Franc                           | cisco, CA 94158                            |                                    |                   |              |  |  |
| PURPOSE OF                      | (a) Category  |                                | (b) Description                     |  |                                    |                   |              |  |  |
| EXPENDITURE                     | (See Categories listed at the top<br>Office Overhead/Rent |                                | Software                            |  |                                    |                   |              |  |  |
| X Political                     | omee overnead/ivem  | LAPENSE                        |                                     |  |                                    |                   |              |  |  |
| Non-Political                   | (c) Check if travel outside                               | of Texas. Complete Schedule T. |                                     | Check if Austin, TX,                       | officeholder living exp            | ense              |              |  |  |
| Complete ONLY if direct         | Candidate/Officeholder                                    | name Office                    | e sought                            |  | Office held                        |                   |              |  |  |
| expenditure to benefit C/OH     |   |                                |                                     |  |                                    |                   |              |  |  |
| PAYMENT                         | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)                         | Credit Card Issuer                         | Paid                               |                   |              |  |  |
|                                 | \$7.68  | 03/02/2024                     |                                     |  |                                    |                   |              |  |  |
| PAYEE                           | (a) Payee name  | l                              | (b) Payee a                         | address;                                   | City,                              | State,            | Zip Code     |  |  |
|                                 |   |                                | 1600 Amp                            | hitheatre Pkwy                             |                                    |                   |              |  |  |
|                                 | Google  |                                | '                                   | ,  |                                    |                   |              |  |  |
|                                 |   |                                | Mountain                            | View, CA 94043                             | }                                  |                   |              |  |  |
| PURPOSE OF                      | (a) Category  |                                | (b) Descript                        | tion                                       |                                    |                   |              |  |  |
| EXPENDITURE                     | (See Categories listed at the top<br>Office Overhead/Rent |                                | Software                            |  |                                    |                   |              |  |  |
| X Political                     | Jinde Overneau/Rein                                       | ш шлренас                      |                                     |  |                                    |                   |              |  |  |
| Non-Political                   | (c) Check if travel outside                               | of Texas. Complete Schedule T. | <u> </u>                            | Check if Austin, TX,                       | officeholder living exp            | ense              |              |  |  |
| Complete ONLY if direct         | Candidate/Officeholder                                    | name Office                    | e sought                            | <u> </u>                                   | Office held                        |                   |              |  |  |
| expenditure to benefit C/OH     |   |                                |                                     |  |                                    |                   |              |  |  |
|                                 |   |                                |                                     |  |                                    |                   |              |  |  |

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

Printing Expense

| Candidate/Onicendiden/Folitica                             |  | ruction Guide explains how       | to complete this form.   | OTTLK (enter a cate                       | gory not listed at | oove)        |  |  |
|--|--|----------------------------------|--|---|--------------------|--------------|--|--|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME   |                                  |  | 3 Filer ID (E                             | thics Commiss      | sion Filers) |  |  |
| Sch: 2/8 Rpt: 26/32  | Culbert, Katherine (                                     | (Ms.)                            |  | 00088068                                  |                    |              |  |  |
| 4 CREDIT CARD<br>ISSUER                                    | Name of final  | ncial institution<br>revious     | 5 TOTAL OF UNITEMIZI<br>EXPENDITURES<br>CHARGED TO A CRE<br>CARD | \$  | \$                 |              |  |  |
| 6 PAYMENT  | (a) Amount Charged                                       | (b) Date of Charge               | (c) Date(s) Credit Card Iss                                      | suer Paid                                 |                    |              |  |  |
|  | \$9.99   | 03/26/2024                       |  |   |                    |              |  |  |
| 7 PAYEE  | (a) Payee name iPostal1, LLC                             |                                  | (b) Payee address;<br>400 Rella Blvd, Suite 2                    |   | State,             | Zip Code     |  |  |
|  |  |                                  | Montebello, NY 10901   |   |                    |              |  |  |
| 8 PURPOSE OF<br>EXPENDITURE                                | (a) Category (See Categories listed at the top           | of this schedule)                | (b) Description  |   |                    |              |  |  |
|  | Office Overhead/Ren                                      |                                  | Office Expense   |   |                    |              |  |  |
| X Political  |  | •                                |  |   |                    |              |  |  |
| Non-Political  | (c) Check if travel outside                              | of Texas. Complete Schedule T.   | Check if Austin  | f Austin, TX, officeholder living expense |                    |              |  |  |
| 9 Complete ONLY if direct                                  | Candidate/Officeholder                                   | name Office                      | e sought   | Office held                               |                    |              |  |  |
| expenditure to benefit C/OH                                |  |                                  |  |   |                    |              |  |  |
| PAYMENT  | (a) Amount Charged                                       | (b) Date of Charge               | (c) Date(s) Credit Card Iss                                      | suer Paid                                 |                    |              |  |  |
|  | \$23.93  | 03/29/2024                       |  |   |                    |              |  |  |
| PAYEE  | (a) Payee name   | l                                | (b) Payee address;   | City,                                     | State,             | Zip Code     |  |  |
|  | Wix  |                                  | 500 Terry A Francois E<br>6th floor                              | Blvd                                      |                    |              |  |  |
|  |  |                                  | San Francisco, CA 942  | 158                                       |                    |              |  |  |
| PURPOSE OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top           |                                  | (b) Description Software   |   |                    |              |  |  |
| X Political  | Office Overhead/Ren                                      | tal Expense                      |  |   |                    |              |  |  |
| Non-Political  | (c) 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                      | e sought   | Office held                               |                    |              |  |  |
| PAYMENT  | (a) Amount Charged<br>\$7.68                             | (b) Date of Charge<br>04/02/2024 | (c) Date(s) Credit Card Is:                                      | suer Paid                                 |                    |              |  |  |
| PAYEE  | (a) Payee name   |                                  | (b) Payee address;   | City,                                     | State,             | Zip Code     |  |  |
|  |  |                                  | 1600 Amphitheatre Pk   | wy  |                    |              |  |  |
|  | Google   |                                  |  |   |                    |              |  |  |
|  |  |                                  | Mountain View, CA 94   | 043                                       |                    |              |  |  |
| PURPOSE OF   | (a) Category   |                                  | (b) Description  |   |                    |              |  |  |
| EXPENDITURE  | (See Categories listed at the top<br>Office Overhead/Ren |                                  | Software   |   |                    |              |  |  |
| X Political  | Jinde Overneau/Rein                                      | iai Eapense                      |  |   |                    |              |  |  |
| Non-Political  | (c) Check if travel outside                              | of Texas. Complete Schedule T.   | Check if Austin  | , TX, officeholder living                 | expense            |              |  |  |
| Complete ONLY if direct                                    | Candidate/Officeholder                                   | name Office                      | e sought   | Office held                               |                    |              |  |  |
| expenditure to benefit C/OH                                |  |                                  |  |   |                    |              |  |  |
| I  | ·  |                                  |  |   |                    |              |  |  |

#### 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

|   | The Inst  | ruction Guide explains how       | to complete this form.   | (* ** ** ****************************** | ,             |  |  |  |  |
|---|---|----------------------------------|--|---|---------------|--|--|--|--|
| 1 Total pages Schedule F4:                          | 2 FILER NAME  |                                  |  | 3 Filer ID (Ethics Commi                | ssion Filers) |  |  |  |  |
| Sch: 3/8 Rpt: 27/32                                 | Culbert, Katherine (  | (Ms.)                            |  | 00088068                                |               |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER                             |   | ncial institution                | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                                      |               |  |  |  |  |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issue  | r Paid                                  |               |  |  |  |  |
|   | \$14.99   | 04/26/2024                       |  |   |               |  |  |  |  |
| 7 PAYEE   | (a) Payee name iPostal1, LLC  |                                  | (b) Payee address;<br>400 Rella Blvd, Suite 206                      | City, State                             | Zip Code      |  |  |  |  |
|   |   |                                  | Montebello, NY 10901   |   |               |  |  |  |  |
| 8 PURPOSE OF  | (a) Category  | of this sahadula)                | (b) Description  |   |               |  |  |  |  |
| EXPENDITURE   | (See Categories listed at the top<br>Office Overhead/Rent           |                                  | Office Expense   |   |               |  |  |  |  |
| X Political   |   | tar Expondo                      |  |   |               |  |  |  |  |
| Non-Political                                       | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,   | , officeholder living expense           | * '           |  |  |  |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder  | name Offic                       | e sought   | Office held                             |               |  |  |  |  |
| expenditure to benefit C/OH                         |   |                                  |  |   |               |  |  |  |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issue  | r Paid                                  |               |  |  |  |  |
|   | \$23.76   | 04/29/2024                       |  |   |               |  |  |  |  |
| PAYEE   | (a) Payee name  |                                  | (b) Payee address;   | City, State                             | Zip Code      |  |  |  |  |
|   | wix   |                                  | 500 Terry A Francois Blvd<br>6th floor                               | d                                       |               |  |  |  |  |
|   |   |                                  | San Francisco, CA 94158  |   |               |  |  |  |  |
| PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top Office Overhead/Rent |                                  | (b) Description Software   |   |               |  |  |  |  |
| X Political   |   |                                  |  |   |               |  |  |  |  |
| Non-Political                                       | `   | of Texas. Complete Schedule T.   |  | , officeholder living expense           |               |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder  |                                  | e sought   | Office held                             |               |  |  |  |  |
| PAYMENT   | (a) Amount Charged<br>\$7.68  | (b) Date of Charge<br>05/02/2024 | (c) Date(s) Credit Card Issue  | r Paid                                  |               |  |  |  |  |
| PAYEE   | (a) Payee name  | 1                                | (b) Payee address;<br>1600 Amphitheatre Pkwy                         | City, State                             | Zip Code      |  |  |  |  |
|   | Google  |                                  | Mountain View, CA 94043  |   |               |  |  |  |  |
| PURPOSE OF  | (a) Category  |                                  | (b) Description  | -                                       |               |  |  |  |  |
| EXPENDITURE   | (See Categories listed at the top                                   |                                  | Software   |   |               |  |  |  |  |
| X Political   | Office Overhead/Rent  | tal Expense                      |  |   |               |  |  |  |  |
| Non-Political                                       | \(\frac{1}{2}\)   | of Texas. Complete Schedule T.   |  | , officeholder living expense           |               |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder  | name Offic                       | e sought   | Office held                             |               |  |  |  |  |

### 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

|                             | The Inst   | ruction Guide explains how     | to complete this form.   |                           |           |              |  |
|-----------------------------|--|--------------------------------|--|---------------------------|-----------|--------------|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME   |                                |  | 3 Filer ID (Ethic         | cs Commis | sion Filers) |  |
| Sch: 4/8 Rpt: 28/32         | Culbert, Katherine                                       | (Ms.)                          |  | 00088068                  |           |              |  |
| 4 CREDIT CARD<br>ISSUER     |  | ncial institution<br>revious   | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                        |           |              |  |
| 6 PAYMENT                   | (a) Amount Charged                                       | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                    |           |              |  |
|                             | \$1,000.00   | 05/15/2024                     |  |                           |           |              |  |
| 7 PAYEE                     | (a) Payee name   |                                | (b) Payee address;   | City,                     | State,    | Zip Code     |  |
|                             | 1922 Croup   |                                | 1100 Jorie Blvd  |                           |           |              |  |
|                             | 1833 Group   |                                | Suite 118  |                           |           |              |  |
|                             |  |                                | Oak Brook, IL 60523  |                           |           |              |  |
| 8 PURPOSE OF                | (a) Category   |                                | (b) Description  |                           |           |              |  |
| EXPENDITURE                 | (See Categories listed at the top Consulting Expense     | of this schedule)              | Consulting Expense   |                           |           |              |  |
| X Political                 | Consulting Expense                                       |                                |  |                           |           |              |  |
| Non-Political               | (c) Check if travel outside                              | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living exp | ense      |              |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder                                   | name Office                    | e sought   | Office held               |           |              |  |
| expenditure to benefit C/OH |  |                                |  |                           |           |              |  |
| PAYMENT                     | (a) Amount Charged                                       | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                    |           |              |  |
|                             | \$504.00   | 05/16/2024                     |  |                           |           |              |  |
| PAYEE                       | (a) Payee name   |                                | (b) Payee address;   | City,                     | State,    | Zip Code     |  |
| United Airlines             |  |                                | Terminal C, 3870 N Term  | inal Rd                   |           |              |  |
|                             |  |                                | Houston, TX 77032  |                           |           |              |  |
| PURPOSE OF                  | (a) Category   |                                | (b) Description  |                           |           |              |  |
| EXPENDITURE                 | (See Categories listed at the top                        | of this schedule)              | Travel in district   |                           |           |              |  |
| X Political                 | Travel In District                                       |                                |  |                           |           |              |  |
| Non-Political               | (C) Check if travel outside                              | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living exp | ense      |              |  |
| Complete ONLY if direct     | Candidate/Officeholder                                   | name Office                    | e sought   | Office held               |           |              |  |
| expenditure to benefit C/OH |  |                                |  |                           |           |              |  |
| PAYMENT                     | (a) Amount Charged                                       | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid                   |           |              |  |
|                             | \$14.99  | 05/27/2024                     |  |                           |           |              |  |
| PAYEE                       | (a) Payee name   | I                              | (b) Payee address;   | City,                     | State,    | Zip Code     |  |
|                             |  |                                | 400 Rella Blvd, Suite 206  | i                         |           |              |  |
|                             | iPostal1, LLC  |                                | , ,  |                           |           |              |  |
|                             |  |                                | Montebello, NY 10901   |                           |           |              |  |
| PURPOSE OF                  | (a) Category   |                                | (b) Description  |                           |           |              |  |
| EXPENDITURE                 | (See Categories listed at the top<br>Office Overhead/Ren | ,                              | Office Expense   |                           |           |              |  |
| X Political                 | January Vernieda/Nein                                    | ш Елропос                      |  |                           |           |              |  |
| Non-Political               | (c) Check if travel outside                              | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living exp | ense      |              |  |
| Complete ONLY if direct     | Candidate/Officeholder                                   | name Office                    | e sought   | Office held               |           |              |  |
| expenditure to benefit C/OH |  |                                |  |                           |           |              |  |

### 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

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)

tion Cuide contains house committee this forms

|   | The Inst   | ruction Guide explains how     | to complete              | this form.                                 |                           |            |              |
|---|--|--------------------------------|--------------------------|--|---------------------------|------------|--------------|
| 1 Total pages Schedule F4:                          | 2 FILER NAME   |                                |                          |  | 3 Filer ID (Eth           | ics Commis | sion Filers) |
| Sch: 5/8 Rpt: 29/32                                 | Culbert, Katherine   | (Ms.)                          |                          |  | 00088068                  |            |              |
| 4 CREDIT CARD<br>ISSUER                             |  | ncial institution<br>revious   | EXPEN                    | OF UNITEMIZED<br>DITURES<br>SED TO A CREDI | \$                        |            |              |
| 6 PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s)              | Credit Card Issue                          | er Paid                   |            |              |
|   | \$23.78  | 05/29/2024                     |                          |  |                           |            |              |
| 7 PAYEE   | (a) Payee name   |                                | (b) Payee                | address;                                   | City,                     | State,     | Zip Code     |
|   | Wix  |                                | 6th floor                | A Francois Blv<br>cisco, CA 9415           |                           |            |              |
| 8 PURPOSE OF  | (a) Category   |                                | (b) Descrip              | otion                                      |                           |            |              |
| EXPENDITURE  X Political                            | (See Categories listed at the top<br>Office Overhead/Ren           | •                              | Software                 |  |                           |            |              |
| Non-Political                                       | (c) Check if travel outside  | of Texas. Complete Schedule T. |                          | Check if Austin, TX                        | (, officeholder living ex | pense      |              |
| 9 Complete ONLY if direct                           | Candidate/Officeholder   | name Offic                     | e sought                 |  | Office held               |            |              |
| expenditure to benefit C/OH                         |  |                                |                          |  |                           |            |              |
| PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s)              | Credit Card Issue                          | er Paid                   |            |              |
|   | \$9.64   | 06/03/2024                     |                          |  |                           |            |              |
| PAYEE   | (a) Payee name   | •                              | (b) Payee                | address;                                   | City,                     | State,     | Zip Code     |
|   | Google   |                                | 1600 Amphitheatre Pkwy   |  |                           |            |              |
|   |  |                                | Mountain View, CA 94043  |  |                           |            |              |
| PURPOSE OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top Office Overhead/Ren |                                | (b) Description Software |  |                           |            |              |
| X Political   |  | •                              |                          |  |                           |            |              |
| Non-Political                                       | (c) Check if travel outside  | of Texas. Complete Schedule T. |                          | Check if Austin, TX                        | (, officeholder living ex | pense      |              |
| Complete ONLY if direct                             | Candidate/Officeholder   | name Offic                     | e sought                 |  | Office held               |            |              |
| expenditure to benefit C/OH                         |  |                                |                          |  |                           |            |              |
| PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s)              | Credit Card Issue                          | er Paid                   |            |              |
|   | \$1,241.89   | 06/03/2024                     |                          |  |                           |            |              |
| PAYEE   | (a) Payee name   | 1                              | (b) Payee                | address;                                   | City,                     | State,     | Zip Code     |
|   |  |                                | 655 15th St NW           |  |                           |            |              |
|   | NGP Van Inc MOT  | O                              | Suite 650                |  |                           |            |              |
|   |  |                                | Washing                  | ton, DC 20005                              |                           |            |              |
| PURPOSE OF  | (a) Category   |                                | (b) Descrip              | otion                                      |                           |            |              |
| EXPENDITURE   | (See Categories listed at the top Solicitation/Fundraising         | ,                              | Software                 |  |                           |            |              |
| X Political   |  | -5 NP 0                        |                          |  |                           |            |              |
| Non-Political                                       | (C) Check if travel outside  | of Texas. Complete Schedule T. |                          | Check if Austin, TX                        | (, officeholder living ex | pense      |              |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder   | name Offic                     | e sought                 |  | Office held               |            |              |
| 1   |  |                                |                          |  |                           |            |              |

### 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

|   |  | The Inst                                       | ruction Guide explains how     | to complete thi             | is form.                                |                         |            |              |
|---|--|--|--------------------------------|-----------------------------|---|-------------------------|------------|--------------|
| 1 | Total pages Schedule F4:   | 2 FILER NAME                                   |                                |                             |   | 3 Filer ID (Ethio       | cs Commiss | sion Filers) |
|   | Sch: 6/8 Rpt: 30/32  | Culbert, Katherine (                           | (Ms.)                          |                             |   | 00088068                |            |              |
| 4 | CREDIT CARD<br>ISSUER  |  | ncial institution<br>revious   | EXPEND                      | F UNITEMIZED<br>ITURES<br>D TO A CREDIT | \$                      |            |              |
| 6 | PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) C               | redit Card Issuer                       | Paid                    |            |              |
|   |  | \$13.00  | 06/08/2024                     |                             |   |                         |            |              |
| 7 | PAYEE  | (a) Payee name                                 |                                | (b) Payee ac                | ldress;                                 | City,                   | State,     | Zip Code     |
|   |  | SMG El Paso Parki                              | ng                             | 1 Civic Cer                 | nter Plaza                              |                         |            |              |
| L |  |  |                                | El Paso, T                  | X 79901                                 |                         |            |              |
| 8 | PURPOSE OF   | (a) Category (See Categories listed at the top | of this cohodule)              | (b) Descripti               |   |                         |            |              |
|   | EXPENDITURE  | Travel In District                             | of this scriedule)             | Transporta                  | tion                                    |                         |            |              |
|   | X Political  |  |                                |                             |   |                         |            |              |
| L | Non-Political  | (c) Check if travel outside                    | of Texas. Complete Schedule T. |                             | Check if Austin, TX,                    | officeholder living exp | ense       |              |
|   | Complete ONLY if direct  | Candidate/Officeholder                         | name Office                    | e sought                    |   | Office held             |            |              |
| E | expenditure to benefit C/OH  |  | T                              | 1                           |   |                         |            |              |
|   | PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) C               | Credit Card Issuer                      | Paid                    |            |              |
|   |  | \$13.00  | 06/10/2024                     |                             |   |                         |            |              |
| Г | PAYEE  | (a) Payee name                                 |                                | (b) Payee ad                | ldress;                                 | City,                   | State,     | Zip Code     |
|   |  | SMG El Paso Parki                              | ng                             | 1 Civic Cer                 | nter Plaza                              |                         |            |              |
|   |  |  |                                | El Paso, T                  | X 79901                                 |                         |            |              |
|   | PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descripti<br>Transporta |   |                         |            |              |
|   | X Political  | Travel In District                             |                                |                             |   |                         |            |              |
|   | Non-Political  | (c) Check if travel outside                    | of Texas. Complete Schedule T. |                             | Check if Austin, TX,                    | officeholder living exp | ense       |              |
| Г | Complete ONLY if direct  | Candidate/Officeholder                         | name Office                    | e sought                    |   | Office held             |            |              |
| e | expenditure to benefit C/OH  |  |                                |                             |   |                         |            |              |
|   | PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) C               | Credit Card Issuer                      | Paid                    |            |              |
|   |  | \$195.66                                       | 06/10/2024                     |                             |   |                         |            |              |
| Г | PAYEE  | (a) Payee name                                 |                                | (b) Payee ac                | ldress;                                 | City,                   | State,     | Zip Code     |
|   |  | Liamanna ad Cuita a                            |                                | 6656 Gtwy                   | Blvd E                                  |                         |            |              |
|   | Homewood Suites  |  |                                |                             |   |                         |            |              |
| L |  |  | El Paso, TX 79915              |                             |   |                         |            |              |
|   | PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule) |  | of this schedule)              | (b) Descripti               | on                                      |                         |            |              |
|   | EXPENDITURE  X Political   | Travel In District                             | or this serieutie)             | Lodging                     |   |                         |            |              |
| 1 | Non-Political  | (c) Check if travel outside                    | of Texas. Complete Schedule T. | <u></u> г                   | Check if Austin, TX,                    | officeholder living exp | ense       |              |
| Г | Complete ONLY if direct  | Candidate/Officeholder                         | name Office                    | e sought                    | _                                       | Office held             |            |              |
| € | expenditure to benefit C/OH  |  |                                |                             |   |                         |            |              |

#### 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

|          |   | The Inst                                       | ruction Guide explains how     | to complete | this form.                                   | (* ** ** ****************************** | ,         | ,            |
|----------|---|--|--------------------------------|-------------|--|---|-----------|--------------|
| 1        | Total pages Schedule F4:                            | 2 FILER NAME                                   |                                |             |  | 3 Filer ID (Ethic                       | cs Commis | sion Filers) |
|          | Sch: 7/8 Rpt: 31/32                                 | Culbert, Katherine (                           | (Ms.)                          |             |  | 00088068                                |           |              |
| 4        | CREDIT CARD<br>ISSUER                               |  | ncial institution<br>revious   | EXPEN       | OF UNITEMIZED<br>IDITURES<br>GED TO A CREDIT | \$                                      |           |              |
| 6        | PAYMENT   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) | ) Credit Card Issuer                         | r Paid                                  |           |              |
|          |   | \$22.99  | 06/10/2024                     |             |  |   |           |              |
| 7        | PAYEE   | (a) Payee name FastParkIAH                     |                                |             | l Clayton Pkwy                               | City,                                   | State,    | Zip Code     |
| L        |   |  |                                |             | TX 77338                                     |   |           |              |
| 8        | PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descrip |  |   |           |              |
|          | X Political   | Travel In District                             |                                | Transpor    | tation                                       |   |           |              |
|          | Non-Political                                       | (c) Check if travel outside                    | of Texas. Complete Schedule T. | •           | Check if Austin, TX,                         | officeholder living exp                 | ense      |              |
| 9        | Complete ONLY if direct                             | Candidate/Officeholder                         | name Office                    | e sought    |  | Office held                             |           |              |
| €        | expenditure to benefit C/OH                         |  | -                              |             |  |   |           |              |
|          | PAYMENT   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) | ) Credit Card Issuer                         | r Paid                                  |           |              |
|          |   | \$88.88  | 06/10/2024                     |             |  |   |           |              |
|          | PAYEE   | (a) Payee name                                 | •                              | (b) Payee   | address;                                     | City,                                   | State,    | Zip Code     |
|          |   | Avis Rent A Car                                |                                | 6505 Co     | nvair Rd                                     |   |           |              |
|          |   | AVIS REIILA CAI                                |                                | Suite 400   |  |   |           |              |
| L        |   | ( ) 2 :  |                                |             | TX 79925                                     |   |           |              |
|          | PURPOSE OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descrip |  |   |           |              |
|          | <b>—</b>  | Travel In District                             | ,                              | Trasnpor    | lation                                       |   |           |              |
|          | X Political   |  |                                |             |  |   |           |              |
|          | Non-Political                                       | · · · · · · · · · · · · · · · · · · ·          | of Texas. Complete Schedule T. | o oought    | Check if Austin, TX,                         | Office hold                             | ense      |              |
| 6        | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                         | name Office                    | e sought    |  | Office held                             |           |              |
| Г        | PAYMENT   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) | ) Credit Card Issuer                         | r Paid                                  |           |              |
|          |   | \$14.99  | 06/26/2024                     |             |  |   |           |              |
| Г        | PAYEE   | (a) Payee name                                 |                                | (b) Payee   | address;                                     | City,                                   | State,    | Zip Code     |
|          |   | 'D   |                                | 400 Rella   | a Blvd, Suite 206                            |   |           |              |
|          |   | iPostal1, LLC                                  |                                |             |  |   |           |              |
| L        |   |  |                                |             | llo, NY 10901                                |   |           |              |
|          | PURPOSE OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descrip |  |   |           |              |
|          |   | Office Overhead/Ren                            |                                | Office Ex   | pense  |   |           |              |
|          | X Political   |  |                                |             |  |   |           |              |
| L        | Non-Political                                       | · · · · · · · · · · · · · · · · · · ·          | of Texas. Complete Schedule T. |             | Check if Austin, TX,                         | officeholder living exp                 | ense      |              |
| _ ا      | Complete ONLY if direct                             | Candidate/Officeholder                         | name Office                    | e sought    |  | Office held                             |           |              |
| $\vdash$ | expenditure to benefit C/OH                         |  |                                |             |  |   |           |              |
| ı        |   |  |                                |             |  |   |           |              |

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Candidate/Officeholder/Politica |                                   | vices S                        | Printing Expense<br>Salaries/Wages/Contra |                        | avei Out of District<br>THER (enter a categ | jory not listed at                           | oove)        |
|---------------------------------|-----------------------------------|--------------------------------|---|------------------------|---|--|--------------|
|                                 | The Inst                          | ruction Guide explains ho      | w to complete thi                         | s form.                |   |  |              |
| 1 Total pages Schedule F4:      | 2 FILER NAME                      |                                |   |                        | 3 Filer ID (Et                              | hics Commiss                                 | sion Filers) |
| Sch: 8/8 Rpt: 32/32             | Culbert, Katherine                | (Ms.)                          |   |                        | 00088068                                    |  |              |
| 4 CREDIT CARD                   | Name of fina                      | ncial institution              | 5 TOTAL O                                 | F UNITEMIZED           |   |  |              |
| ISSUER                          | see p                             | revious                        | EXPENDI                                   | TURES<br>D TO A CREDIT | \$  |  |              |
|                                 | ·                                 |                                | CARD                                      | D TO A CREDIT          |   |  |              |
| 6 PAYMENT                       | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) C                             | redit Card Issue       | r Paid                                      |  |              |
|                                 | \$20.00                           | 06/27/2024                     |   |                        |   |  |              |
|                                 | Ψ20.00                            | 00/21/2024                     |   |                        |   |  |              |
| 7 PAYEE                         | (a) Payee name                    | <u> </u>                       | (b) Payee ad                              | dress:                 | City,                                       | State,                                       | Zip Code     |
|                                 | (4) 1 13/10 111111                |                                | 400 West 1                                |                        | ,,  | ,  |              |
|                                 | Wells Fargo TO                    |                                | 100 11001 2                               | .0 01                  |   |  |              |
|                                 |                                   |                                | Austin, TX                                | 78701                  |   |  |              |
| 8 PURPOSE OF                    | (a) Category                      |                                | (b) Description                           |                        |   |  |              |
| EXPENDITURE                     | (See Categories listed at the top | of this schedule)              | Transporta                                | tion                   |   |  |              |
| X Political                     | Travel In District                |                                | <u></u>                                   |                        |   |  |              |
| Non-Political                   | (c) Check if travel outside       | of Texas. Complete Schedule T. |   |                        |   |  |              |
| 9 Complete ONLY if direct       | Candidate/Officeholde             | <u> </u>                       | ice sought                                | Oncok ii Zudaiii, 174, | Office held                                 | жрепос — — — — — — — — — — — — — — — — — — — |              |
| expenditure to benefit C/OH     |                                   |                                |   |                        |   |  |              |
| PAYMENT                         | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) C                             | redit Card Issue       | r Paid                                      |  |              |
|                                 | \$23.83                           | 06/29/2024                     |   |                        |   |  |              |
|                                 | Ψ23.03                            | 00/23/2024                     |   |                        |   |  |              |
| PAYEE                           | (a) Payee name                    | <u> </u>                       | (b) Payee ad                              | dress;                 | City,                                       | State,                                       | Zip Code     |
|                                 | ` `                               |                                |   | A Francois Blvc        |   |  |              |
|                                 | Wix                               |                                | 6th floor                                 |                        |   |  |              |
|                                 |                                   |                                | San Franci                                | sco, CA 94158          |   |  |              |
| PURPOSE OF                      | (a) Category                      |                                | (b) Description                           |                        |   |  |              |
| EXPENDITURE                     | (See Categories listed at the top |                                | Software                                  |                        |   |  |              |
| X Political                     | Office Overhead/Ren               | iai Expense                    |   |                        |   |  |              |
| Non-Political                   | (c) Check if travel outside       | of Texas. Complete Schedule T. | . <u> </u>                                | Check if Austin, TX,   | officeholder living e                       | xpense                                       |              |
| Complete ONLY if direct         | Candidate/Officeholde             | r name Off                     | ice sought                                |                        | Office held                                 | <u> </u>                                     |              |
| expenditure to benefit C/OH     |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |
|                                 |                                   |                                |   |                        |   |  |              |