

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088068		2 Total pages filed: 46	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Katherine	MI	
	NICKNAME		LAST Culbert	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1919 Taylor St. #1670 Suite F Houston, TX 77007		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 10/07/2024			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Lou	MI
		NICKNAME		LAST Weaver	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1609 Castle Ct. #1 Houston, TX 77006			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (832) 265-0342			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024			
10 ELECTION		ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) Railroad Commissioner		12 OFFICE SOUGHT (if known) Railroad Commissioner	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 46

13 C / OH NAME	Culbert, Katherine (Ms.)	14 Filer ID	(Ethics Commission Filers)
		00088068	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Blue Horizon Texas PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		PO Box 780162
	San Antonio, TX 78278	COMMITTEE CAMPAIGN TREASURER NAME
		Barnett, Claire
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		TX

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,952.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,059.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,773.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,400.00

17 AFFIDAVIT

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

Ms. Katherine Culbert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 46

18 FILER NAME Culbert, Katherine (Ms.)		19 Filer ID (Ethics Commission Filers) 00088068
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,952.61
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,163.26
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,896.31
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/33 Rpt: 4/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Clifford <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Harvey <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bain, Linda <hr/> Contributor address; City; State; Zip Code Needville, TX 77461	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Travel agent		Employer (See Instructions) Frosch travel
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Sean <hr/> Contributor address; City; State; Zip Code Cheltenham, PA 19012	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Planning Manager		Employer (See Instructions) Tastepoint by IFF
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Aaron <hr/> Contributor address; City; State; Zip Code Irvine, CA 92617	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) University of California Irvine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/33 Rpt: 5/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedi, Sheetal <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Indo-American Association Houston
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Phyllis <hr/> Contributor address; City; State; Zip Code Midlothian, VA 23113-2173	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berthold, Patricia <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93314	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Christina <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Cypress Group LLC
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, Carol <hr/> Contributor address; City; State; Zip Code Renton, WA 98056	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/33 Rpt: 6/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Cherie <hr/> 6 Contributor address; City; State; Zip Code Glastonbury, CT 06033-1286	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) RTX
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candland, Ryan <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84109	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Patent Examiner		Employer (See Instructions) IPONZ
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Catherine <hr/> Contributor address; City; State; Zip Code Finger, TN 38334	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Elizabeth <hr/> Contributor address; City; State; Zip Code Frederick, MD 21702	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Hood College
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, Steve <hr/> Contributor address; City; State; Zip Code Concord, CA 94518	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Berkeley Research Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/33 Rpt: 7/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Wellesley, MA 02482	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Melanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central texas obgyn
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, Ann <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45229	Amount of Contribution (\$) \$1.36
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions) Self
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbert, James <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32257	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Duval County Public Schools
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbert, Michael <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) Steakhead Productions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/33 Rpt: 8/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair Area Democratic Club <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniluk, Judy <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrat, Inaas <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Trinity Consultants
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DasGupta, Bhaskar <hr/> Contributor address; City; State; Zip Code Chicago, IL 60607	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UIC
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deddens, Ross <hr/> Contributor address; City; State; Zip Code Sterling, VA 20164	Amount of Contribution (\$) \$1.36
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) SOSi LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/33 Rpt: 9/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Democratic Women of Comal County <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Clayton <hr/> Contributor address; City; State; Zip Code STILLWATER, MN 55082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Benjamin <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Development		Employer (See Instructions) Urban Institute
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraker, Paul <hr/> Contributor address; City; State; Zip Code Lovettsville, VA 20180	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gambill, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pediatric Hospitalist		Employer (See Instructions) Ascension

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/33 Rpt: 10/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Manuel A <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-3866	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Alexandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin Rise School
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glerum, Katrina <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95054	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Dean <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21230	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsobel, Antonia <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) administrator		Employer (See Instructions) Law Offices of Steven Goldsobel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/33 Rpt: 11/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Aaron <hr/> 6 Contributor address; City; State; Zip Code Ropesville, TX 79358	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Marketer		9 Employer (See Instructions) Outlier
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jeffrey <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) columbia univ
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William S <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) real estate appraiser		Employer (See Instructions) self
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William S <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) real estate appraiser		Employer (See Instructions) self
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William S <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) real estate appraiser		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/33 Rpt: 12/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Anna <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Oakland Public Library
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grischy, Kathryn <hr/> Contributor address; City; State; Zip Code Arroyo Grande, CA 93420	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grisham, Robin <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/33 Rpt: 13/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76179	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILL, Samuel <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggarty, Heather <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611	Amount of Contribution (\$) \$1.36
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pritzker Levine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/33 Rpt: 14/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Margo <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Dosespot
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Dosespot
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Dosespot
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsook, Deanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Blackbaud

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/33 Rpt: 15/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsook, Deanna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Blackbaud
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsook, Deanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Blackbaud
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsough, Lucas <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Computational Biologist		Employer (See Instructions) Ginkgo Bioworks Inc
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsough, Lucas <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Computational Biologist		Employer (See Instructions) Ginkgo Bioworks Inc
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausman, Margaret (Peg) <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47408	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/33 Rpt: 16/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henning, Kevin <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, LaRue <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huie, Robert <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huth, Jesse <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/33 Rpt: 17/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huth, Jesse <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Ashley Elizabeth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Robert <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Robert <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josserand, Earl <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/33 Rpt: 18/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamuchey, Cassandra <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95124	7 Amount of Contribution (\$) \$4.26
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Jeff <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19806	Amount of Contribution (\$) \$1.36
Principal occupation / Job title (See Instructions) Copywriter		Employer (See Instructions) Self-employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kempner, Harris <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinman, Gary R. <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) ASI
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauth, Tonya <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/33 Rpt: 19/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koym-Garza, Mario <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Data Scientist		9 Employer (See Instructions) Precocity LLC
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koym-Garza, Mario <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) Precocity LLC
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuo, Ellen <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Self
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExxonMobil
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExxonMobil

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/33 Rpt: 20/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Kraig <hr/> 6 Contributor address; City; State; Zip Code Cohoes, NY 12047	7 Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Siena
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Jacqueline <hr/> Contributor address; City; State; Zip Code San Diego, CA 92127	Amount of Contribution (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luz, Lydia <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Jennifer <hr/> Contributor address; City; State; Zip Code Essex Junction, VT 05452	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Majovsky, Ras <hr/> Contributor address; City; State; Zip Code South San Francisco, CA 94080	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Roche

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/33 Rpt: 21/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, John <hr/> 6 Contributor address; City; State; Zip Code Pine Grove, CA 95665	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marhenke, Lazarus <hr/> Contributor address; City; State; Zip Code San Jose, CA 95125	Amount of Contribution (\$) \$7.69
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Sunny <hr/> Contributor address; City; State; Zip Code Midland, TX 79703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Credit union
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas <hr/> Contributor address; City; State; Zip Code Rahway, NJ 07065	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas <hr/> Contributor address; City; State; Zip Code Rahway, NJ 07065	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/33 Rpt: 22/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayberry, Laura <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78737	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuliffe, Kevin <hr/> Contributor address; City; State; Zip Code Jamesville, NY 13078	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Barclay Damon LLP
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Joan <hr/> Contributor address; City; State; Zip Code Lexington, KY 40502	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon, Robert <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merugumala, Praveen <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Children's

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/33 Rpt: 23/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Nathan <hr/> 6 Contributor address; City; State; Zip Code Germantown, MD 20874	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millet, Marilyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self employed self		Employer (See Instructions) Self
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirkovic, Nena <hr/> Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Millennium
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Mary Annis <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/33 Rpt: 24/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nacogdoches County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Irene <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Self employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otey, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77583	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otis, Gary <hr/> Contributor address; City; State; Zip Code Somerville, TX 77879	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packman, Bryan <hr/> Contributor address; City; State; Zip Code New York, NY 10014	Amount of Contribution (\$) \$1.92
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Adobe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/33 Rpt: 25/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Anne Thatcher <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Kavita <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Kelly <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Antoinette <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Wednesday Workshop Inc.
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pervier, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/33 Rpt: 26/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Dale <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77320	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puckett, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Holly <hr/> Contributor address; City; State; Zip Code Nashville TN, TN 37204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Holly <hr/> Contributor address; City; State; Zip Code Nashville, TN 37204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/33 Rpt: 27/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quittner, Claudia 6 Contributor address; City; State; Zip Code Dallas, TX 75252	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) Research NURse		9 Employer (See Instructions) UT Southwestern Medical Center
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL, ANDY Contributor address; City; State; Zip Code Bolton Lndg, NY 12814	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NY State
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambow, Frederick Contributor address; City; State; Zip Code Houston, TX 77081-7402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brayan Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Cook		Employer (See Instructions) Mi Tierra
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raskopf, Vaune Contributor address; City; State; Zip Code FT WORTH, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/33 Rpt: 28/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Harold <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Petroleum Engineer		9 Employer (See Instructions) Self
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Richard <hr/> Contributor address; City; State; Zip Code Schenectady, NY 12302	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts-Miller, Jimmy <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218	Amount of Contribution (\$) \$1.36
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) AURA
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218	Amount of Contribution (\$) \$1.36
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) AURA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/33 Rpt: 29/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21218	7 Amount of Contribution (\$) \$1.36
8 Principal occupation / Job title (See Instructions) Systems Engineer		9 Employer (See Instructions) AURA
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rundstein, Richard <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sachter, Joseph <hr/> Contributor address; City; State; Zip Code Bronx, NY 10471-1804	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayler, Jason <hr/> Contributor address; City; State; Zip Code SAN JOSE, CA 95123	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) legal videographer		Employer (See Instructions) self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoonover, Ruth <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/33 Rpt: 30/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalls, Hope <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Lockheed Martin
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Terralyn <hr/> Contributor address; City; State; Zip Code Riverside, CA 92506	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Shea Properties
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Chamberlain Hrdlicka
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Evalyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Shea Writing and Training Solutions Inc.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Evalyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technical Writing		Employer (See Instructions) Shea Writing and Training Solutions Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/33 Rpt: 31/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Sherry <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sponberg, Edward <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steves, Buddy <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Kenneth <hr/> Contributor address; City; State; Zip Code Bandera, TX 78003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions) rockledge regional med ctr
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Eliza <hr/> Contributor address; City; State; Zip Code Seattle, WA 98112-3266	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/33 Rpt: 32/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweet, Dana <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Energy Infrastructure		9 Employer (See Instructions) Grid United
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanous, Jean <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/33 Rpt: 33/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teate, Renee <hr/> 6 Contributor address; City; State; Zip Code Harrisonburg, VA 22801-9046	7 Amount of Contribution (\$) \$1.60
8 Principal occupation / Job title (See Instructions) Data Scientist		9 Employer (See Instructions) HelioCampus
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO COPE <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomason, Heidi <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$19.76
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuohy, Jamie <hr/> Contributor address; City; State; Zip Code Wake Forest, NC 27587	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/33 Rpt: 34/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vellella, Vincent <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) IT Specialist		9 Employer (See Instructions) Dunn Heat Exchangers Inc.
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vigevano, Heather <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) University of Colorado Denver
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Votaw, Vernon <hr/> Contributor address; City; State; Zip Code Mountlake Terrace, WA 98043	Amount of Contribution (\$) \$38.46
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Eliot <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) University of Chicago
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Joseph <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/33 Rpt: 35/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheless, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Lynnwood, WA 98036	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Circulation		9 Employer (See Instructions) Beacon Publishing
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Christine <hr/> Contributor address; City; State; Zip Code Ballston Spa, NY 12020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Advertising Services Manager		Employer (See Instructions) Times Union
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Christine <hr/> Contributor address; City; State; Zip Code Ballston Spa, NY 12020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Advertising Services Manager		Employer (See Instructions) Times Union
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Christine <hr/> Contributor address; City; State; Zip Code Ballston Spa, NY 12020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Advertising Services Manager		Employer (See Instructions) Times Union
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Nancy <hr/> Contributor address; City; State; Zip Code Hamilton, TX 76531	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/33 Rpt: 36/46
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwiebel, Richard <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80302	7 Amount of Contribution (\$) \$9.61
8 Principal occupation / Job title (See Instructions) vp		9 Employer (See Instructions) QSC
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwiebel, Richard <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) vp		Employer (See Instructions) QSC
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gardner, terry <hr/> Contributor address; City; State; Zip Code Santa Ana, CA 92705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) johnson, Alida <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zucco, frank <hr/> Contributor address; City; State; Zip Code castle rock, CO 80104	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Wanco Inc.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 37/46	2 FILER NAME Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/07/2024	5 Payee name ActBlue	
6 Amount (\$) \$18.98	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.45	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$18.78	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 38/46	2 FILER NAME Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/28/2024	5 Payee name ActBlue	
6 Amount (\$) \$35.39	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 08/04/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$51.17	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$23.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 39/46	2 FILER NAME Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068
4 Date 08/18/2024	5 Payee name ActBlue	
6 Amount (\$) \$12.36	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$9.53	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$35.26	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 40/46	2 FILER NAME Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/08/2024	5 Payee name ActBlue	
6 Amount (\$) \$23.47	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/15/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$64.61	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$51.94	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 41/46	2 FILER NAME Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068
4 Date 07/01/2024	5 Payee name Texas Ethics Commission	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 12070 Capitol Station Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Worley Printing Co, Inc	
Amount (\$) \$1,315.24	Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/5 Rpt: 42/46	2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 CREDIT CARD ISSUER	Name of financial institution Capital One		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$15.35	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,241.89	(b) Date of Charge 07/05/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name NGP Van Inc MOTO		(b) Payee address; City, State, Zip Code 655 15th St NW Suite 650 Washington, DC 20005
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$14.99	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name iPostal1, LLC		(b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/5 Rpt: 43/46	2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.56	(b) Date of Charge 07/29/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wix		(b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$15.35	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,241.89	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name NGP Van Inc MOTO		(b) Payee address; City, State, Zip Code 655 15th St NW Suite 650 Washington, DC 20005
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/5 Rpt: 44/46	2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$16.00	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wells Fargo TO		(b) Payee address; City, State, Zip Code 400 West 15th St Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Transportation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$14.99	(b) Date of Charge 08/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name iPostal1, LLC		(b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.06	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name wix		(b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 45/46	2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$4,000.00	(b) Date of Charge 08/30/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name 1833 Group		(b) Payee address; City, State, Zip Code 1100 Jorie Blvd Suite 118 Oak Brook, IL 60523
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$15.35	(b) Date of Charge 09/02/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,241.89	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name NGP Van Inc MOTO		(b) Payee address; City, State, Zip Code 655 15th St NW Suite 650 Washington, DC 20005
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/5 Rpt: 46/46		2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$16.00	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Wells Fargo TO		(b) Payee address; City, State, Zip Code 400 West 15th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Transportation	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$14.99	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name iPostal1, LLC		(b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	