

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: 32				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Katherine	MI MI	OFFICE USE ONLY			
	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	Date Received ELECTRONICALLY FILED 10/28/2024			
				Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Lou	MI 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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	09/27/2024				10/26/2024		
10 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11/05/2024			<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

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13 C / OH NAME Culbert, Katherine (Ms.)	14 Filer ID (Ethics Commission Filers) 00088068
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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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Plano Area Democrats
		COMMITTEE ADDRESS PO Box 251373 Plano, TX 75025
		COMMITTEE CAMPAIGN TREASURER NAME Barrett, Irvin
		COMMITTEE CAMPAIGN TREASURER ADDRESS 1119 Shadow Lakes Blvd Allen, TX 75002

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)	\$ 8,527.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,830.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,023.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

17 AFFIDAVIT

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

Ms. Katherine Culbert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Culbert, Katherine (Ms.)		19 Filer ID 00088068	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,477.41
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,050.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	2,600.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	242.93
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	\$	10,587.68
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: 1/21 Rpt: 4/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Althoff, James	7 Amount of Contribution (\$) \$19.23
6 Contributor address; City; State; Zip Code Los Altos, CA 94022		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson-Dunst, Shirley	Amount of Contribution (\$) \$375.00
Contributor address; City; State; Zip Code Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Kathryn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78724		
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Integral Care
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENEDETTI, BERTHA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code MICO, TX 78056-5102		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barlekamp, Jeffrey	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) McKinsey		Employer (See Instructions) Associate General Counsel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Bonner <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Investment Advisor		9 Employer (See Instructions) Cord Investment Management LLC
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Byron <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Cherie <hr/> Contributor address; City; State; Zip Code Glastonbury, CT 06033	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) RTX
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnaby, Susan <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Galena Park ISD
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Richard <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	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: 3/21 Rpt: 6/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, David <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) U of Illinois
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Tung-chin <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Convente, Michael <hr/> Contributor address; City; State; Zip Code Long Island City, NY 11101	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Manager		Employer (See Instructions) Regeneron Pharmaceuticals
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbert, John <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23185	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Helen <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905	Amount of Contribution (\$) \$1.15
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: 4/21 Rpt: 7/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darnall, Steven <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60625	7 Amount of Contribution (\$) \$5.76
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Funny Valentine Press
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denenberg, Lawrence <hr/> Contributor address; City; State; Zip Code Newton, MA 02459	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dollar, Susan <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Assistant Dean School of Health Professions		Employer (See Instructions) University of Texas Health Science Center San Antonio
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dursin, Sheri <hr/> Contributor address; City; State; Zip Code Marlborough, CT 06447	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Wesleyan University
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Dean <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21230	7 Amount of Contribution (\$) \$3.84
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/28/2024	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 10/21/2024	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 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Don <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3236	Amount of Contribution (\$) \$250.00
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: 6/21 Rpt: 9/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Tracy <hr/> 6 Contributor address; City; State; Zip Code Sylvania, OH 43560	7 Amount of Contribution (\$) \$1.30
8 Principal occupation / Job title (See Instructions) Dr		9 Employer (See Instructions) BSMH
Date 10/03/2024	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 10/21/2024	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 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Bianca <hr/> Contributor address; City; State; Zip Code Houston, TX 77090	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Direct support care		Employer (See Instructions) Sativa
Date 10/09/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsook, Deanna	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78705		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Blackbaud
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsough, Lucas	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Watertown, MA 02472		
Principal occupation / Job title (See Instructions) Computational Biologist		Employer (See Instructions) Ginkgo Bioworks Inc
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Girija	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Memphis, TN 38107		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) U.S. Navy
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, LaRue	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildreth, Eleanor B	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77021		
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: 8/21 Rpt: 11/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, David <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Joshua <hr/> Contributor address; City; State; Zip Code Kingston, NY 12401	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Bret <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73120	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Robin <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Robin Hunter
Date 10/21/2024	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 (\$) \$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: 9/21 Rpt: 12/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janes, Andy <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80209	7 Amount of Contribution (\$) \$3.84
8 Principal occupation / Job title (See Instructions) Public Affairs		9 Employer (See Instructions) Global affairs Canada
Date 10/21/2024	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 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilby, Barbara <hr/> Contributor address; City; State; Zip Code Houston, TX 77047-6226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopponen, Sara Irina <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Process Safety Engineer		Employer (See Instructions) Phillips 66
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouts, Susan <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$3.00
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: 10/21 Rpt: 13/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Joanna	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code College Station, TX 77845		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas A&M University
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExxonMobil
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Ernest	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Beaver Falls, PA 15010		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luzzi, Keisha	Amount of Contribution (\$) \$1.92
Contributor address; City; State; Zip Code Fort Mill, SC 29715		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Paul	Amount of Contribution (\$) \$1.30
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) Principal Software Engineer		Employer (See Instructions) Akamai Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDONALD, Susan	7 Amount of Contribution (\$) \$3.84
6 Contributor address; City; State; Zip Code Washington, DC 20008		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, CHARLES	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Majkong Dunbar, Chris	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77042		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Rahway, NJ 07065		
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Lissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78213		
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: 12/21 Rpt: 15/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattson, Katherine	7 Amount of Contribution (\$) \$3.84
6 Contributor address; City; State; Zip Code Napa, CA 94559		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauger, Joel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Raleigh, NC 27604		
Principal occupation / Job title (See Instructions) Health Information Technician		Employer (See Instructions) NCSU CVM
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$9.61
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Thomas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Principal occupation / Job title (See Instructions) Massage therapist		Employer (See Instructions) Self
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nibbelink, Mark	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Enverus

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowling, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuriddin, Ayah <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$1.30
Principal occupation / Job title (See Instructions) Prof		Employer (See Instructions) University
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oshman, Daniel and Trudie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios, Sergio <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker County Democrats, Pamela Minnis <hr/> Contributor address; City; State; Zip Code Springtown, TX 76082	Amount of Contribution (\$) \$250.00
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: 14/21 Rpt: 17/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Benton	7 Amount of Contribution (\$) \$3.84
6 Contributor address; City; State; Zip Code Dallas, TX 75206		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) MBP Advisors
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Benton	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75206		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) MBP Advisors
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelarski, Ryan J	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78736		
Principal occupation / Job title (See Instructions) Architecture		Employer (See Instructions) Page
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plazak, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Suanne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Boerne, TX 78006		
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: 15/21 Rpt: 18/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlins, Michael C <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080-1962	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Retired
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Clint <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self
Date 10/14/2024	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 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Thomas <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55403	Amount of Contribution (\$) \$9.61
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Ambient Consulting
Date 09/28/2024	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 (\$) \$30.00
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: 16/21 Rpt: 19/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAROPOLI, JOHN <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02199	7 Amount of Contribution (\$) \$96.15
8 Principal occupation / Job title (See Instructions) physician-scientist		9 Employer (See Instructions) Vertex Pharmaceuticals
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Shelia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) Lockheed Martin
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples, Joe <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technology Consultant		Employer (See Instructions) Self
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Judith <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22407	Amount of Contribution (\$) \$3.84
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Evalyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Technical Writing		9 Employer (See Instructions) Shea Writing and Training Solutions Inc.
Date 10/17/2024	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.
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Signorella, Margaret <hr/> Contributor address; City; State; Zip Code West Chester, PA 19382	Amount of Contribution (\$) \$9.61
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Penn State
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Molly <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$30.00
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: 18/21 Rpt: 21/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sponberg, Edward <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77081	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Cherise <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromsness, Rune <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$7.69
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) University of California
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromsness, Rune <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) University of California
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerlin, Brett <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Claims		Employer (See Instructions) Munich re

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Bedford, TX 76021		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tieger, Joseph	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77018		
Principal occupation / Job title (See Instructions) Supply Chain Management		Employer (See Instructions) CenterPoint Energy
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Joi	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78230		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CareDX Inc
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Christine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ballston Spa, NY 12020		
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Times Union

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Christine <hr/> 6 Contributor address; City; State; Zip Code Ballston Spa, NY 12020	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Advertising Services Manager		9 Employer (See Instructions) Times Union
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Kevin <hr/> Contributor address; City; State; Zip Code Waltham, MA 02451	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lahey Health
Date 10/21/2024	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 (\$) \$9.61
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mosley, neil <hr/> Contributor address; City; State; Zip Code waco, TX 76716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) clerk		Employer (See Instructions) usps
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sheagren, sam <hr/> Contributor address; City; State; Zip Code carlsbad, CA 92009	Amount of Contribution (\$) \$1.92
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 Date 10/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zucco, frank	7 Amount of Contribution (\$) \$3.84
	6 Contributor address; City; State; Zip Code castle rock, CO 80104	
8 Principal occupation / Job title (See Instructions) Sales Manager		9 Employer (See Instructions) Wanco Inc.
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zucco, frank	Amount of Contribution (\$) \$3.83
	Contributor address; City; State; Zip Code castle rock, CO 80104	
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Wanco Inc.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 25/32	
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC	8 Amount of contribution (\$) \$2,050.00	9 In-kind contribution description texting
	7 Contributor address; City; State; Zip Code San Antonio, TX 78278	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 26/32
2 FILER NAME Culbert, Katherine (Ms.)		3 Filer ID (Ethics Commission Filers) 00088068
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/03/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbert, Katherine (Ms.)	9 Loan Amount (\$) \$2,600.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77002	10 Interest Rate
		11 Maturity Date 10/03/2025
12 Principal occupation / Job title (See Instructions) Engineer		13 Employer (See Instructions) Airswift
14 Description of Collateral <input checked="" type="checkbox"/> None	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/2 Rpt: 27/32	2 FILER NAME Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068
4 Date 09/29/2024	5 Payee name ActBlue	
6 Amount (\$) \$110.45	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	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name ActBlue	
Amount (\$) \$8.39	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	Candidate/Officeholder name	Office sought Office held
Date 10/06/2024	Payee name ActBlue	
Amount (\$) \$41.42	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	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/2 Rpt: 28/32	2	FILER NAME Culbert, Katherine (Ms.)	3	Filer ID (Ethics Commission Filers) 00088068
4	Date 10/13/2024	5	Payee name ActBlue		
6	Amount (\$) \$13.57	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 Candidate/Officeholder name Office sought Office held			
	Date 10/20/2024		Payee name ActBlue		
	Amount (\$) \$59.10		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 Candidate/Officeholder name Office sought Office held			
	Date 09/30/2024		Payee name Frost Bank		
	Amount (\$) \$10.00		Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205		
	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 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: 1/4 Rpt: 29/32	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 \$126.41	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Hampton Inn & Suites		(b) Payee address; City, State, Zip Code 3650 Plano Parkway The Colony, TX 75056	
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 Travel in district	
		(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$24.20	(b) Date of Charge 09/30/2024	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$146.08	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Hampton Inn & Suites		(b) Payee address; City, State, Zip Code 6555 Park Brook Forest Hill, TX 76140	
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 Travel in district	
		(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 ONLY 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: 2/4 Rpt: 30/32	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 \$2,000.00	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Cerillion N4 Partners		(b) Payee address; City, State, Zip Code 1326 5th Ave, Suite 334 Seattle, WA 98101	
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
6	PAYMENT	(a) Amount Charged \$15.35	(b) Date of Charge 10/02/2024	(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	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$1,241.89	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name NGP Van Inc MOTO		(b) Payee address; City, State, Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
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) 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	
		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: 3/4 Rpt: 31/32	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 \$250.00	(b) Date of Charge 10/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Blue Horizon Texas PAC		(b) Payee address; City, State, Zip Code PO Box 780162 San Antonio, TX 78278	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation	
		(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
6	PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 10/17/2024	(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	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political 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	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$4,556.26	(b) Date of Charge 10/17/2024	(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	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political 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	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/4 Rpt: 32/32	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 \$192.50	(b) Date of Charge 10/19/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Hilton Hotels	(b) Payee address; City, State, Zip Code 609 Chisholm Trail Rd Round Rock, TX 78681	
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 Travel in district
	(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 \$2,000.00	(b) Date of Charge 10/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Cerillion N4 Partners	(b) Payee address; City, State, Zip Code 1326 5th Ave, Suite 334 Seattle, WA 98101	
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		
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 10/26/2024	(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