# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00067957	ssion Filers)	2 Total pages fil	ed: 3		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY		
OFFICEHOLDER NAME	The Honorable	Nicole D.			Date Received  ELECTRONICA	ALLY FILED		
	NICKNAME	LAST		SUFFIX	01/15/2025			
		Collier						
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked		
MAILING ADDRESS	P.O. Box 24241				Receipt #	Amount		
Change of Address	Fort Worth, TX 76124							
	,				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<del></del>			
TREASURER NAME	Mr.	Gary						
	NICKNAME	LAST		SUFFIX				
		Collier						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX DI EASE).	ΔΡΊ	/ SUITE #; CITY;	STA	ATE; ZIP CODE		
TREASURER ADDRESS	PO Box 24241	BOXT LEAGE),	<i>7</i> -11 1	73011E#, 0111,	317	ATE, ZII CODE		
(Residence or Business)	Fort Worth, TX 76124							
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION					
TREASURER PHONE	(817) 330-9504							
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car			
	July 15	8th day before 6	ologion $\square$	Exceeded modified	appointment (office Final Report (Atta			
	July 15	our day before e	election	reporting limit	Final Report (Alla	cii c/on-rk)		
9 PERIOD COVERED	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TH	IROUGH	12/31/202	24			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	P	rimary	Runoff	Other			
	11/05/2024	XG	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)			
	State Representative Distr	ict 95 Tarrant		State Represent				
	GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	Collier, Nicole D. (Th	e Honorable)	<b>14</b> Filer ID ( 00067957	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	he candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	TREPAC					
	[A]	COMMITTEE ADDRESS					
	SPECIFIC	1115 San Jacinto Blvd					
	J Si Leli le	Suite 200					
		Austin, TX 78701					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Cantu, Leslie					
		·	<u> </u>				
		COMMITTEE CAMPAIGN TREASURER ADDRES PO Box 2246	3				
		PO 60X 2240					
		Austin, TX 78768					
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 3.08					
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 479.48				
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 27,178.15			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 45,033.41			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ( ITING PERIOD	OF THE LAST DAY	\$ 0.00			
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.					
		The Honor	rable Nicole D. Collie	er			
		Signature of 0	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

			C	OVER SHEE	<b>T PG 3</b> 3 of 43
	ER NAM	ΛΕ cole D. (The Honorable)	<b>19</b> Filer ID 00067957	(Ethics Commission	on Filers)
		E SUBTOTALS		SUBTOTAL	AMOUNT
N/	ME OF	SCHEDULE		000101712	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	78,753.08
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	350.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	27,178.15	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 4/43	
2	FILER NAME Collier, Nicol	e D. (The Honorable)		3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 11/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Loggy	Austin, TX 78701	D. Employer (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing agg	Houston, TX 77027	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 5/43	
2	FILER NAME Collier, Nicol	e D. (The Honorable)			3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 11/23/2024	<ul><li>5 Full name of contributor Bing, Eric</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77056					
8	Principal occu CEO	pation / Job title (See Instructions	s) 	9 Employer (See Instructions College of Healthcare P		essionals	
	Date 11/23/2024	Full name of contributor Boating Trades Association Contributor address; City; S				Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 77054 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 10/16/2024	Full name of contributor Brotherhood of Locomotiv Contributor address; City; S  Decatur, TX 76234				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>(</u>		
	Date 11/23/2024	Full name of contributor Charter Communications, Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 10/16/2024	Full name of contributor Chevron Employees PAC Contributor address; City; S San Ramon, CA 94583		000035006		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 6/43	
2	FILER NAME Collier, Nico	e D. (The Honorable)			3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 11/23/2024	<ul> <li>Full name of contributor</li></ul>	of-state PAC (ID#: <u>C</u>	00793711 )	7	Amount of Contribution (\$)	\$1,500.00
		Washington, DC 20001					
8	Principal occu	pation / Job title (See Instructions)	<u> </u>	9 Employer (See Instructions	5)		
	Date 10/16/2024	Constellation Employee PAC  Contributor address; City; State; Zip	of-state PAC (ID#: <u>C</u>	00793711 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 10/16/2024	Full name of contributor	of-state PAC (ID#: <u>C</u>	00082792 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out- Focused Advocacy  Contributor address; City; State; Zip  Austin, TX 78746	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor X out- Greenberg Traurig PA PAC Contributor address; City; State; Zip Albany, NY 12207	of-state PAC (ID#: <u>C</u>	00266585		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 7/43	
2	FILER NAME Collier, Nicol	le D. (The Honorable)			3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 10/16/2024	<ul><li>5 Full name of contributor</li><li>Gulf States Toyota Inc. S</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions	s)	9 Employer (See Instructions	  -  s)		
	Date 11/23/2024	Full name of contributor HCA Texas Good Govern Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor HILLCO PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 10/16/2024	Full name of contributor HOMEPAC of Texas Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 12/11/2024	Full name of contributor Hospac-State The Politica Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 8/43	
2	FILER NAME Collier, Nicol	e D. (The Honorable)		3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 10/16/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_IATSE Local 484 PAC Fund</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$750.00
		Austin, TX 78741				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Insurance Agents of Texas PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78758 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, (	,		
	Date 11/23/2024	Full name of contributor X out-of-state PAC (ID#:_C Johnson & Johnson PAC  Contributor address; City; State; Zip Code	00010983		Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Keffer Konsulting LLC Contributor address; City; State; Zip Code Eastman, TX 78445			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Linebarger Goggan Blair & Sampson, LLP  Contributor address; City; State; Zip Code  Austin, TX 78760	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBU	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/43
2	FILER NAME Collier, Nicol	le D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4	Date 10/16/2024	<ul> <li>5 Full name of contributor</li></ul>	NC (ID#:)	7 Amount of Contribution (\$) \$500.00
8	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 10/12/2024	Full name of contributor out-of-state PA Locke, Kendyll Contributor address; City; State; Zip Code Fort Worth, TX 76133		Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions)  Deputy Chief of Staff  U.S. House of Rep			
	Date 12/11/2024	Full name of contributor  out-of-state PA Longbow Consulting Partners PAC Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$350.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Date 11/23/2024	Full name of contributor x out-of-state PA  MERCK PAC  Contributor address; City; State; Zip Code  Washington, DC 20004	L NC (ID#: <u>C00097485</u> )	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 12/12/2024	Full name of contributor out-of-state PA Madyun, Atiba  Contributor address; City; State; Zip Code  Washington, DC 20011	I AC (ID#:)	Amount of Contribution (\$) \$200.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions The Madyun Group	s)
			masyan Group	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 10/43	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		le D. (The Honorable)				00067957	
4	Date 12/11/2024	5 Full name of contributor Matz & Company	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; Sta Austin, TX 78703	ate; Zip Code				
8	Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	:) 		
Ü	i imolpai occa	pation 7 000 title (Occ motractions)	,	Employer (See mondenons	')		
_	Date	Full name of contributor	out-of-state PAC (ID#:_	,	Г	Amount of Contribution (\$)	
	10/16/2024	McGuire, Michael	Uni-or-state PAC (ID#	J		Amount of Contribution (\$)	\$1,500.00
	10/10/2024		 ate: 7in Code				Ψ1,000.00
	Contributor address; City; State; Zip Code						
		Dallas, TX 75207					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President &	CEO		Andrews Distributing			
	Date	Full name of contributor	x out-of-state PAC (ID#:	000225342		Amount of Contribution (\$)	
	10/16/2024	McGuireWoods LLP					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Richmond, VA 23219					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	•				,		
	Date	Full name of contributor	x out-of-state PAC (ID#: (	C00108035 )		Amount of Contribution (\$)	
	10/16/2024	McKesson Corporation En	_			<b>(</b> ',	\$1,000.00
		Contributor address; City; Sta	Contributor address; City; State; Zip Code				
		Washington, DC 20004		- 1 (2 ) :	<u> </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Data	Full pages of acestributes		`		Amount of Contribution (ft)	
	Date 12/13/2024	Full name of contributor  Meyers, Lucas	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
	12/13/2024	Contributor address; City; Sta	ate: Zin Code				Ψ230.00
		Contributor address, City, St	ate, Zip Code				
		Austin, TX 78757					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			Self			

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 11/43	
2	FILER NAME Collier, Nico	e D. (The Honorable)	3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 12/11/2024	5 Full name of contributor	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)		
	Date 10/16/2024	Full name of contributor X out-of-state PAC (ID#: C00366559  NRG Energy PAC  Contributor address; City; State; Zip Code  Princeton, NJ 08540		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instru	uctions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:  North Tarrant Democrats  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Principal occu	Keller, TX 76244 pation / Job title (See Instructions) Employer (See Instru	uctions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:  North Texas Automobile Dealers PAC  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instru	uctions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:ONCOR Texas State PAC  Contributor address; City; State; Zip Code  Dallas, TX 75202		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instru	uctions)		
		l			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/43	
2	FILER NAME Collier, Nico	e D. (The Honorable)		3	Filer ID (Ethics Commission 00067957	n Filers)
4	Date 11/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
		Contributor address; City; State; Zip Code  Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/23/2024	Full name of contributor X out-of-state PAC (ID#: C Quest Diagnostics Inc PAC Contributor address; City; State; Zip Code	000329185		Amount of Contribution (\$)	\$500.00
	Principal occu	SECAUCUS, NJ 07094 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Red Rock Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Sampson Public Affairs Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
		I				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1					
	The Instru	ction Guide explains hov	v to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 10/16 Rpt: 13/43			
2	FILER NAME Collier, Nicol	e D. (The Honorable)				3	Filer ID (Ethics Commission 00067957	on Filers)		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 10/03/2024 Smith, Robert (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00					
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instruction	s) [9	9 1	Employer (See Instructions					
•	Owner Accident & Injury		,							
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 TALAPAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00					
		Austin, TX 78759								
	Principal occu	pation / Job title (See Instruction:	5)	E	Employer (See Instructions	)				
	Date 10/04/2024	Full name of contributor TALHI Life Insurance Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00		
		Austin, TX 78767								
	Principal occu	pation / Job title (See Instruction:	5)	E	Employer (See Instructions	)				
	Date 12/11/2024	Full name of contributor TBA Bank PAC - State Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instruction	5)	E	Employer (See Instructions	)				
	Date 11/23/2024	Full name of contributor TREPAC Contributor address; City; S Austin, TX 78768	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instruction	s)	I	Employer (See Instructions	)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1				
	The Instru	ction Guide explains how to c	complete this form	ı.	1	Total pages Schedule A1: Sch: 11/16 Rpt: 14/43				
2	FILER NAME Collier, Nico	ER NAME lier, Nicole D. (The Honorable)			3	Filer ID (Ethics Commission 00067957	on Filers)			
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:)  Texas AFL-CIO State COPE Fund  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00				
		Austin, TX 78711								
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)					
	Date 10/16/2024	Texas Apartment Association F  Contributor address; City; State; Z		)		Amount of Contribution (\$)	\$1,000.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)					
	Date 10/16/2024	Full name of contributor on Texas Automobile Dealers Ass Contributor address; City; State; Z				Amount of Contribution (\$)	\$1,000.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)					
	Date 11/23/2024	Full name of contributor on Texas Building Branch AGC PACCONTRIBUTOR address; City; State; Z		)		Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)					
	Date 10/04/2024	Full name of contributor on Texas Dairymen PAC  Contributor address; City; State; Z  Austin, TX 78711	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)					
			I							

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/16 Rpt: 15/43	
2	FILER NAME Collier, Nico	R NAME ier, Nicole D. (The Honorable)			Filer ID (Ethics Commission 00067957	on Filers)
4	Date 10/04/2024  5 Full name of contributor out-of-state PAC (ID#:) Texas Democratic Women  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 10/16/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/11/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78709 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID# Texas Land Title Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u> )		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID# Texas Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	<u> </u> 		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 13/16 Rpt: 16/43			
2	FILER NAME Collier, Nicol	e D. (The Honorable)			3	Filer ID (Ethics Commission 00067957	on Filers)		
4	Date 10/16/2024	5 Full name of contributor out-of-state PAC (ID#:)  Texas Medical Association PAC  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701	i-						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)				
	Date 10/04/2024	Full name of contributor  Texas Optometric PAC  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Date 12/11/2024	Full name of contributor  Texas Physicians for Patien  Contributor address; City; State		)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Marble Falls, TX 76654 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Date 12/11/2024	Full name of contributor  Texas Podiatric Medical Ass  Contributor address; City; State  Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 12/11/2024	Full name of contributor Texas Sands PAC Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$4,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			L						

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/16 Rpt: 17/43		
2	FILER NAME Collier, Nicol	e D. (The Honorable)		3	Filer ID (Ethics Commission 00067957	on Filers)	
4	Date 08/05/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$4,000.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Texas State Association of Fire Fighters Action C Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78787	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78787	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 18/43			
2	FILER NAME	- D (The Hamenelle)		3	Filer ID (Ethics Commission	n Filers)		
		e D. (The Honorable)		<u> </u>	00067957			
4 Date 10/16/2024		5 Full name of contributor	00123612 )	7	Amount of Contribution (\$)	\$500.00		
	6 Contributor address; City; State; Zip Code Providence, RI 02903							
Q	Dringinal occu		9 Employer (See Instructions	5) 				
8 Principal oc		pation 7 300 title (See Instructions)	Employer (See Instructions	>)				
	Date 10/16/2024	Full name of contributor X out-of-state PAC (ID#: C The Home Depot PAC  Contributor address; City; State; Zip Code	00284885 )		Amount of Contribution (\$)	\$1,000.00		
		Washington, DC 20004						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>				
		(	, ., . (	,				
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)			
	12/11/2024	<u> </u>			(,,	\$750.00		
		Contributor address; City; State; Zip Code		ł				
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date	Full name of contributor X out-of-state PAC (ID#:C	00542365 )		Amount of Contribution (\$)			
	10/16/2024	Toyota Motor North America, Inc. PAC				\$500.00		
		Contributor address; City; State; Zip Code		•				
		Washington, DC 20004						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)				
	Data	Full name of contributor  ut-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (ft)			
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: US Oncology Network PAC	)		Amount of Contribution (\$)	\$500.00		
	10/10/2024	Contributor address; City; State; Zip Code		ł		φ500.00		
		Contributor address, City, State, 219 Code						
		The Woodlands, TX 77380						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/16 Rpt: 19/43	
2	FILER NAME Collier, Nico	ele D. (The Honorable)		3	Filer ID (Ethics Commissio 00067957	n Filers)
4	Date 12/11/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$750.00
Ω	Principal occu	San Antonio, TX 78288  upation / Job title (See Instructions)	9 Employer (See Instructions	·, 		
0	r inicipal occi	pation 7 300 title (See instructions)	5 Employer (See instructions	,		
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#: C UnitedHealth Group Inc PAC Contributor address; City; State; Zip Code	000274431 )		Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20004				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor	)		Amount of Contribution (\$)	\$1,000.00
		Irving, TX 75039				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Collier, Nicole D. (The Honorable) 00067957 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/10/2024 Kelly, Rusty (Mr.) \$350.00 i Email expense for 7 Contributor address; City; State; Zip Code fundraiser Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Blackridge Consultant/Lobbyist 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 21/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/12/2024	101 Building LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$425.00	101 S. Jennings Avenue
		Fort Worth, TX 76104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign office lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 11/19/2024	Payee name
		101 Building LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$425.00	101 S. Jennings Avenue
		Fort Worth, TX 76104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign office lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	10/11/2024	101 Building LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	101 S. Jennings Avenue
	,	
		Fort Worth, TX 76104
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign office lease expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1: Sch: 2/22 Rpt: 22/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4	Date 12/09/2024	5 Payee name AT&T	
6	Amount (\$) \$242.02	7 Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ampaign office phones
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 11/13/2024	Payee name AT&T	
	Amount (\$) \$268.52	Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ampaign office phones
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/15/2024	Payee name AT&T	
	Amount (\$) \$319.73	Payee address; City; State; Zip Code PO Box 537104	
		Atlanta, GA 30353	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Check if Austin, TX, office phones and accessories
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

ement Solicitation/Fundraising Expense

Pransportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/22 Rpt: 23/43	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date 10/03/2024	5 Payee name Act Blue Technical Services
6	Amount (\$) \$39.50	7 Payee address; City; State; Zip Code 366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/13/2024	Payee name Act Blue Technical Services
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/14/2024	Payee name Act Blue Technical Services
	Amount (\$) \$17.78	Payee address; City; State; Zip Code  366 Summer Street
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Printin Salarie	-	se s/Contract Labor	-	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	IE				3 F	iler ID	(Ethics Commission Filers)
L	Sch: 4/22 Rpt: 24/43	Collier, Nic	cole D. (The Honorab	le)				00067957	
4	Date	5 Payee nam	e						
	11/12/2024	Aloft Hotel							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip	Code				
	\$156.90	4108 S I-3	5 Frontage Road						
		Austin, TX	78745						
8	PURPOSE	(a) Category	See Categories listed at the top	of this schodule)	(b)	Description			
	OF	Travel Out		or this schedule)	(2)		outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	114701 041	. Or Brothlot			Check if Austin,	, TX, o	fficeholder living	j expense
						Officeholder l	odgi	ing expens	е
9	Complete ONLY if direct		fficeholder name	Office s	ought			Office he	eld
	expenditure to benefit C/O	7							
	Date	Payee nam	e						
	12/30/2024	Amazon							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$278.28	410 Terry	Avenue N						
		_							
		Seattle, W	Δ 98109						
	PURPOSE				(b)	Description			
	OF		See Categories listed at the top	of this schedule)	(0)	Description  Check if travel of	outside	of Texas Com	plete Schedule T.
	EXPENDITURE	Event Exp	ense			Check if Austin,			
						Reading with	the	Rep. event	t expense
	Complete ONLY if direct		fficeholder name	Office s	ought			Office he	eld
	expenditure to benefit C/OI	4							
H	Date	Payee nam	<del></del> e						
	12/19/2024	Amazon	-						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$73.90	410 Terry		οιαιο, Διρ	2040				
	Ψ13.90	7±0 1611y	A WORLDO IN						
		Coctto M	A 00100						
		Seattle, W			1.				
	PURPOSE OF		See Categories listed at the top		(b)	Description	oute:-!	of Tours O	plata Cabadula T
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		Check if travel of Check if Austin,			plete Schedule T.
						District office			,
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	 ouaht			Office he	eld
	expenditure to benefit C/O			255	g			200 110	

### SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/22 Rpt: 25/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/04/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$178.07	410 Terry Avenue N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		District office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/26/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.56	410 Terry Avenue N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		District office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/22/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$398.54	410 Terry Avenue N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		District office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Printing Exp Salaries/Wa		se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	Credit Card Payment		The Instruction Guide explains ho	ow to con	npl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	)
	Sch: 6/22 Rpt: 26/43		Collier, Nicole D. (The Honorable)					00067957		
4	Date	5	Payee name							
	11/18/2024		Amazon							
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de					
	\$97.32		410 Terry Avenue N							
			Seattle, WA 98109							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lulo)	(b)	Description				
	OF		Office Overhead/Rental Expense	iule)	( - ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		— <del>, , , , , , , , , , , , , , , , , , ,</del>			Check if Austin	, TX,	officeholder living	j expense	
						District office	su	pplies		
9	Complete ONLY if direct		Candidate/Officeholder name Off	fice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	11/12/2024		Amazon							
	Amount (\$)		Payee address; City; State;	Zip Coo	de					
	\$398.96		410 Terry Avenue N							
			Seattle, WA 98109							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Com		
	EXI ENDITORE							officeholder living	j expense	
						District office	su	pplies		
	Operation ONLY # discort	<u> </u>	Office Includes a Control of the Con	e:	.l. t			Off: 1	-1.4	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice soug	Jrit			Office he	eiu	
		1								
	Date		Payee name							
	11/05/2024	₩	American Airlines							
	Amount (\$)	1		Zip Coo	de					
	\$547.61		4333 Amon Carter Blvd.							
			MD 5675							
			Fort Worth, TX 76155							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	lule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District			_		de of Texas. Com		
						_		officeholder living		
						Officeriolder	alli	are to INBCS	SL legislative conferen	ce
	Complete ONLY if direct	$\perp$	Candidate/Officeholder name Off	fice soug	ıb+			Office he	nld	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeriolder flattle Off	nce soug	jiil			Office He	วิเน -	
	•									
FΩ	rms provided by Texas F	thic	s Commission www.ethics.sta	ate ty us	2	· · · · · · · · · · · · · · · · · · ·			Version V4 1 0 48da	51 f7

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/22 Rpt: 27/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/20/2024	Bell, Dalecia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	101 S. Jennings Avenue
		103C
		Fort Worth, TX 76104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Campaign expense  Campaign expense
		Cumpaigh expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/23/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.61	869 NE Mall Boulevard
		Hurst, TX 76053
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		District office supplies
		District sinus supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/12/2024	Blueground
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,050.00	801 Barton Springs Road
		Suite 9-103
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	X Check if Austin, TX, officeholder living expense
		Officeholder Austin lease expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		rel Out of District IER (enter a category not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 FILE	er ID (Ethics Commission Filers)
	Sch: 8/22 Rpt: 28/43		067957
4	Date	5 Payee name	
	09/11/2024	Bluehost	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$582.81	5335 Gate Pkwy	
		2nd Fl	
		Jacksonville, FL 32256	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	eholder living expense
		Campaign website I	nosting expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	11/14/2024	Capitol Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$220.83	1400 Congress Avenue	
		Suite E1.006	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	Taura Campulata Cabadula T
	EXPENDITURE	Gift/Awards/Memorials Expense	Texas. Complete Schedule T.
		Constituent gifts	and the state of t
		gine gine	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit or of		
	Date	Payee name	
	12/09/2024	Capitol Hilton	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$582.06	1001 W 16th Street NW	
		Washington, DC 20036	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		Texas. Complete Schedule T.
		Check if Austin, TX, office Officeholder lodging	
		Oniceriolder lodging	CAPCIISC
	Complete ONU V if allow	Condidate/Officeholder nome	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	- Farment to solitone of of	-	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/22 Rpt: 29/43	Collier, Nicole D. (The Honorable)	00067957
4	Date	5 Payee name	
	12/11/2024	Chase Auto Finance	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,690.02	14800 Frye Road	
		Fort Worth, TX 76155	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
		Expense	Check if Austin, TX, officeholder living expense Officeholder auto lease
			Omochoider dato lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Payee name	
	11/07/2024	Chase Auto Finance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,690.02	14800 Frye Road	
		Fort Worth, TX 76155	
	PURPOSE OF	, (	Description
	EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense	Officeholder auto lease
			0.11001101001 4440 10440
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
H	Data		
	Date	Payee name	
	10/10/2024	Chase Auto Finance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$845.00	14800 Frye Road	
		Fort Worth, TX 76155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense	Check if Austin, TX, officeholder living expense
			Officeholder auto lease expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/Oi	1	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica			Legal Services		alaries/Wa		e /Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	Credit Card Payment		,	The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 10/22 Rpt: 30/43		Collier, Nico	le D. (The Hon	orable)					00067957		
4	Date	5	Payee name					•				
	11/13/2024		Colton Hous	e Hotel								
6	Amount (\$)	7	Payee addres	s; City;	State; 2	Zip Cod	de					
	\$446.30		2510 S Con	gress Avenue								
			Austin, TX 7	8704								
8	PURPOSE	(a)	Category (so	e Categories listed at	the ten of this schedu	ulo)	(b)	Description				
	OF	<b> </b> `	Travel Out o		ine top of this scriedu	ile)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							<b>—</b>		officeholder living		
								Officeholder I	od(	ging expens	se	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Offi	ice soug	ght			Office h	eld	
		_										
	Date		Payee name									
	12/12/2024		Constant Co	ntact								
	Amount (\$)		Payee addres	-	State; 2	Zip Cod	de					
	\$117.26		1601 Trapelo	o Road								
			Waltham, M	A 02451								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Office Overh	ead/Rental Ex	pense			<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
								Office softwar		omeenoider iiviii	gexpense	
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/25/2024		Constant Co	ntact								
	Amount (\$)		Payee addres	s; City;	State; Z	Zip Cod	de					
	\$117.26		1601 Trapelo	o Road								
			Waltham, M	A 02451								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the ton of this schedu	(مار	(b)	Description				
	OF	<b> </b> `		ead/Rental Ex		inc)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE				•			_		officeholder living	g expense	
								Campaign off	rice	software		
_	Operation ONE V. C. P.	L_	0	-1-1-1			ala t			0,,,	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	Offic	ice soug	gnt			Office h	eia	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (return a cotton and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/22 Rpt: 31/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/11/2024	DoubleTree Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$411.26	303 W 15th Street
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Officeholder lodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	10/11/2024	Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$212.13	333 Brannan Street
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign office software
		Gampaign emed contract
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2024	East Fort Worth Business Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.07	1850 Handley Drive
	Ψ203.01	2000 Hamaioy Drive
		Fort Worth, TX 76112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship expense
	Commission ONU Wife allows	Constitute / Office helder name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· · · · · · · · · · · · · · · · · · ·	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/22 Rpt: 32/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/24/2024	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$215.00	6750 Mandy Lane
		Fort Worth, TX 76112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Storage rental
		Sampaigh Storage Terriar
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	11/25/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.00	6750 Mandy Lane
		Fort Worth, TX 76112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign storage for
		Campaign storage fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	11/04/2024	Exxon Mobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.50	10137 West Freeway
L		Fort Worth, TX 76108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder fuel expense
		Officeriolaer faer experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 13/22 Rpt: 33/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/02/2024	Googlesuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.05	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Campaign website expense
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
L	12/03/2024	House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 12453
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if traval satisfact Taxon Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership fee
		memorising rec
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Payes name
	Date	Payee name
	10/16/2024	JPS Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	1223 S Main Street
		Fort Worth, TX 76104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFEINDITURE	Candidate/Officeholder/Political Committee
		Donation to foundation
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### 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)

Credit Card Payment	The Instruction Guide explains how to cor	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/22 Rpt: 34/43	Collier, Nicole D. (The Honorable)	00067957
4 Date	5 Payee name	<u> </u>
11/15/2024	Jessica Gonzalez Campaign	
6 Amount (\$) \$1,481.28	7 Payee address; City; State; Zip Coo 400 S Zang Blvd. Suite 1214	de
	Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement for Campaign fundraiser expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç H	ght Office held
Date	Payee name	
11/13/2024	Love's Travel Stop	
Amount (\$) \$42.19	Payee address; City; State; Zip Coo 1501 Corsicana Hwy	de
	Hillsboro, TX 76645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Officeholder fuel expense
Complete ONLY if direct expenditure to benefit C/O	I L Candidate/Officeholder name Office souç H	ght Office held
Date	Payee name	
11/25/2024	Murphy Express	
Amount (\$) \$65.71	Payee address; City; State; Zip Coo 1200 Eastman Parkway	de
	Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Officeholder fuel expense
Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office souç H	ght Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction C	•		/ages	s/Contract Labor		OTHER (enter	a category not listed	l above)
		_		The Instruction G	uide explains no	ow to co	IIIPI	ete tilis ioriii.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 15/22 Rpt: 35/43		Collier, Nico	le D. (The Hon	orable)					00067957		
4	Date	5	Payee name									
	10/18/2024		NBCSL									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	do					
ľ	\$775.00	ľ	•	apitol St NW	State,	Zip Co	uc					
	\$115.00			αριίοι 3ι ίννν								
			#622									
			Washington	, DC 20001								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sched	dule)	(b)	Description				
	OF			Conference Reg				Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		membership		_			Check if Austin	, TX,	officeholder livir	g expense	
								Legislative Co	onf	erence Reç	jistration and	membership
								dues				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/12/2024		Nana's Kitch	nen								
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	de					
	\$446.26		7403 John 7	Γ White Road								
			Cort Worth	TV 76120								
		_	Fort Worth,	1								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this sched	dule)	(b)	Description				
	EXPENDITURE		Event Exper	nse							nplete Schedule T.	
								_		officeholder livin		
								HD95 Vetera	113	Day event	expense	
		<u> </u>										
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	fice sou	ght			Office h	eld	
	experialitate to bettern over	· ·										
	Date		Payee name									
	12/09/2024		PMC Paid P	arking								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	de					
	\$62.43		583 W 6th S	-	,	,						
	<b>402.10</b>		000 11 0111 0	71.001								
			A T./ =	70704								
			Austin, TX 7	78701								
	PURPOSE OF	(a)		ee Categories listed at		dule)	(b)	Description				
	EXPENDITURE		•	ion Equipment	And Related			ш			nplete Schedule T.	
			Expense					_		officeholder livir	g expense	
								Officeholder	μαľ	king lee		
							_					
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
L	experience to belieff C/Of	' '										

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/22 Rpt: 36/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/12/2024	Pappadeaux Fort Worth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.55	2708 West Freeway
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting with constituent and meal
		Meeting with Constituent and meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Daysa nama
	12/30/2024	Payee name Quick N Clean
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	5600 Camp Bowie
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Cinceriolaer vernole maintenance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/11/2024	Ouick N Clean
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 5600 Camp Bowie
	φ33.00	Soud Camp Bowle
		Fout Mouth, TV 7C107
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Officeholder car maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/22 Rpt: 37/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	11/29/2024	Quick N Clean
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	5600 Camp Bowie
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Officeholder car maintenance
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	Quick N Clean
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	5600 Camp Bowie
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Officeholder car maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/23/2024	Quiktrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.59	1101 Hemphill
	400.00	1101 (1011pm)
		Fort Worth, TX 76104
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder fuel expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servi	ices	kpense	Salaries/V		e /Contract Labor		OTHER (enter	a category not liste	d above)
L	<u> </u>				ruction Guid	de explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 18/22 Rpt: 38/43		Collier, Nice	ole D. (T	he Honor	able)					00067957	,	
4	Date	5	Payee name										
	12/11/2024		Quiktrip										
Ļ	Amount (\$)	7		201 0	`i+. ,,	Ctoto	Zip Co	, do					
ľ		ľ	Payee addre		city;	State,	Zip Ct	ue					
l	\$59.89		1101 Hemp	)[ ]]]]									
l													
l			Fort Worth,	TX 7610	04								
8	PURPOSE	(a)	Category (S	ee Categorie	es listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Di				ŕ		_			mplete Schedule T.	
	LAFENDITORE								Check if Austin,			ng expense	
									Officeholder f	tue	l expense		
9	Complete ONLY if direct		Candidate/Off	iceholder	name	O	office sou	ght			Office	held	
	expenditure to benefit C/OI	Н											
Г	Date		Payee name										
	12/09/2024		Quiktrip										
H	Amount (\$)	┢	Payee addre	ss. C	city;	State:	Zip Co	nde					
	\$62.03		1101 Hemp		,	,							
	Ψ02.00		TIOT HOME	,,,,,,,									
			E	T)/ 704/	0.4								
L			Fort Worth,	1X /610	04								
	PURPOSE OF	(a)	Category (S		es listed at the	top of this sche	edule)	(b)	Description				
l	EXPENDITURE		Travel In D	istrict					<b>=</b>			mplete Schedule T.	
									Officeholder f			ng expense	
									Omeendaer i	uc	гехрепас		
⊢	Complete ONLY if direct	<u> </u>	Candidate/Off	iooboldor	nama		office sou	abt			Office	hold	
l	expenditure to benefit C/OI		Januluale/On	iceriolaei	name	C	ilice sou	igni			Office	ieiu	
┕		_											
	Date		Payee name										
	11/21/2024		Quiktrip										
Г	Amount (\$)		Payee addre	ss; C	ity;	State;	Zip Co	ode					
	\$42.03		1101 Hemp	hill									
l													
l			Fort Worth,	TX 7610	04								
⊢	PURPOSE	(2)						(h)	Description				
l	OF	(۵)	Category (S Travel Out			top of this sche	edule)	(5)	Description  Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
l	EXPENDITURE		rraver Out	טו טואנווט	,l				Check if Austin,				
									Officeholder f	fue	l expense		
H	Complete ONLY if direct	(	Candidate/Off	iceholder	name		office sou	ght			Office	held	
	expenditure to benefit C/OI							-					
$\vdash$													

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/22 Rpt: 39/43 Collier, Nicole D. (The Honorable) 00067957 4 Date Payee name 11/18/2024 Quiktrip 6 Amount (\$) Payee address; City; State; Zip Code \$70.10 1101 Hemphill Fort Worth, TX 76104 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder fuel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2024 Quiktrip Amount (\$) Payee address; City; State; Zip Code \$33.15 1101 Hemphill Fort Worth, TX 76104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder fuel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/2024 Soto, Jimena Amount (\$) Payee address; City: State; Zip Code \$1,000.00 101 S. Jennings Avenue Suite 103C Fort Worth, TX 76104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign wages Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/22 Rpt: 40/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	10/21/2024	State Innovation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	1360 Regent St.
		PMB 257
		Madison, WI 53715
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Legislative Conference registration
		Legislative Conference registration
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/30/2024	Tarrant County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	685 John B Sias Memorial Parkway
		#400
		Fort Worth, TX 76134
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Party's Campaign outreach program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/22/2024	The Downright Renaissance
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.71	701 E 11th Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder lodging expense
		Officeriolaer loaging expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

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

nt 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 com	plete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Collier, Nicole D. (The Honorable)	00067957
5 Payee name	<u>'</u>
Tom Thumb	
7 Payee address; City; State; Zip Code	е
2400 W 7th Street	
Fort Worth, TX 76107	
(a) Category (See Categories listed at the top of this schedule)	b) Description
Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	District office snacks
Condidate/Officeholder name Office court	nt Office held
	it Office field
Г _	
-	
1	8
928 Northton Street	
Fort Worth, TX 76104	
(a) Category (See Categories listed at the top of this schedule)	b) Description
Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	District office meal
Candidate/Officeholder name Office sough	nt Office held
Н	
Pavee name	
True Love Baptist Church	
· ·	e
5809 Hartman Road	
Fort Worth, TX 76119	
Fort Worth, TX 76119	h) Description
(a) Category (See Categories listed at the top of this schedule)	b) Description  Check if travel outside of Texas. Complete Schedule T.
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sough	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution to church Turkey Giveaway.
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution to church Turkey Giveaway.
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sough	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution to church Turkey Giveaway.
	Collier, Nicole D. (The Honorable)  5  Payee name

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 22/22 Rpt: 42/43	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	12/23/2024	USLege AI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1100 Congress Avenue
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Legislative software
		Logislative soluvare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	11/26/2024	Unity Unlimited
H	Amount (\$)	Payee address; City; State; Zip Code
	\$153.74	PO Box 11793
		Fort Worth, TX 76110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder event ticket
		Chiecholder event ticket
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
1		
L		

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 43/43						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Collier, Nicole D	(The Honorable)	00067957						
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee							
American Airline	American Airlines							
5 Contribution / Expe	enditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC						
6 Dates of Travel	7 Name of person(s) traveling							
Suiss of Hure.	Collier, Nicole							
	8 Departure city or name of departure location							
12/02/2024	DFW							
	Destination city or name of destination location							
12/07/2024	Washington, DC							
<b>10</b> Means of transport	-	other event)						
Commercial Airp		,						
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee							
Capitol Hilton	of A corporation of Eabor Organization A reagon A tayee							
	enditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC						
Dates of Travel	Name of person(s) traveling  Collier, Nicole							
12/02/2024	Departure city or name of departure location DFW							
	Destination city or name of destination location							
12/07/2024	Washington, DC							
Means of transport	ration Purpose of travel (including name of conference, seminar, or	other event)						
Commercial Airp	lane Attend NBCSL Legislative Conference							