

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) 00067957	2 Total pages filed: 43	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Nicole D.	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Collier	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 24241 Fort Worth, TX 76124		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gary	MI 	
	NICKNAME	LAST Collier	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 24241 Fort Worth, TX 76124			
7 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 330-9504	EXTENSION	
8 REPORT TYPE	<input checked="" 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 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 07/01/2024	THROUGH		Month Day Year 12/31/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 95 Tarrant		12 OFFICE SOUGHT (if known) State Representative District 95	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Collier, Nicole D. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00067957

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		TREPAC
	COMMITTEE ADDRESS	1115 San Jacinto Blvd Suite 200 Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Cantu, Leslie
	COMMITTEE CAMPAIGN TREASURER ADDRESS	PO Box 2246 Austin, TX 78768

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	3.08
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	79,103.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	479.48
	4. TOTAL POLITICAL EXPENDITURES	\$	27,178.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	45,033.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

The Honorable Nicole D. Collier

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 Collier, Nicole D. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00067957
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 78,753.08
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27,178.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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: 1/16 Rpt: 4/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E Keith Company Texas PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bing, Eric <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) College of Healthcare Professionals
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boating Trades Association of Metropolitan Houston PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 77054	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherhood of Locomotive Engineers & Trainmen <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications, Inc. Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) Chevron Employees PAC <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/23/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711) Constellation Employee PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Washington, DC 20001	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711) Constellation Employee PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792) Eli Lilly and Company PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Indianapolis, IN 46285	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00266585) Greenberg Traurig PA PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Albany, NY 12207	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLCO PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hospac-State The Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IATSE Local 484 PAC Fund	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code Austin, TX 78741	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010983) Johnson & Johnson PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20005	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer Konsulting LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Eastman, TX 78445	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord, LLP <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Kendyll <hr/> 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		Employer (See Instructions) U.S. House of Representatives
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00097485</u>) MERCK PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madyun, Atiba <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Madyun Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matz & Company	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Michael	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Dallas, TX 75207	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Andrews Distributing
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuireWoods LLP	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Richmond, VA 23219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00108035) McKesson Corporation Employees Political Fund	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Lucas	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00366559</u>) NRG Energy PAC <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Tarrant Democrats <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Automobile Dealers PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78757		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poinsett PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00329185 _____) Quest Diagnostics Inc PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code SECAUCUS, NJ 07094		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampson Public Affairs	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Robert (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Accident & Injury
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALAPAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALHI Life Insurance	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78767	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TBA Bank PAC - State	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State COPE Fund <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78711	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch AGC PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Homecare & Hospice PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78709		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Physicians for Patients PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Marble Falls, TX 76654		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 08/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$4,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Fire Fighters Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Teachers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78787	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78787	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/16/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00123612) Textron PAC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Providence, RI 02903	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885) The Home Depot PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Posey Law Firm	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) Toyota Motor North America, Inc. PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) US Oncology Network PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77380	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78288	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00274431</u>) UnitedHealth Group Inc PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Energy Leaders <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 20/43	
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Rusty (Mr.)	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description Email expense for fundraiser
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant/Lobbyist		11 Employer (FOR NON-JUDICIAL) (See instructions) Blackridge	
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)			

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: 1/22 Rpt: 21/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/12/2024	5 Payee name 101 Building LLC	
6 Amount (\$) \$425.00	7 Payee address; City; State; Zip Code 101 S. Jennings Avenue Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office lease
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name 101 Building LLC	
Amount (\$) \$425.00	Payee address; City; State; Zip Code 101 S. Jennings Avenue Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name 101 Building LLC	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 101 S. Jennings Avenue Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office lease expense
Complete <u>ONLY</u> 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: 2/22 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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones and accessories		
		Complete <u>ONLY</u> 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: 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee		
9		Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee		
		Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking 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: 4/22 Rpt: 24/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/12/2024	5 Payee name Aloft Hotels	
6 Amount (\$) \$156.90	7 Payee address; City; State; Zip Code 4108 S I-35 Frontage Road Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder lodging expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Amazon	
Amount (\$) \$278.28	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reading with the Rep. event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Amazon	
Amount (\$) \$73.90	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies
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: 5/22 Rpt: 25/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/04/2024	5 Payee name Amazon	
6 Amount (\$) \$178.07	7 Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2024	Payee name Amazon	
Amount (\$) \$201.56	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name Amazon	
Amount (\$) \$398.54	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies
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: 6/22 Rpt: 26/43	2	FILER NAME Collier, Nicole D. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00067957
4	Date 11/18/2024	5	Payee name Amazon		
6	Amount (\$) \$97.32	7	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 11/12/2024		Payee name Amazon		
	Amount (\$) \$398.96		Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 11/05/2024		Payee name American Airlines		
	Amount (\$) \$547.61		Payee address; City; State; Zip Code 4333 Amon Carter Blvd. MD 5675 Fort Worth, TX 76155		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder airfare to NBCSL legislative conference		
		Complete <u>ONLY</u> 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: 7/22 Rpt: 27/43	2	FILER NAME Collier, Nicole D. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00067957
4	Date 12/20/2024	5	Payee name Bell, Dalecia		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code 101 S. Jennings Avenue 103C Fort Worth, TX 76104		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign expense		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/23/2024		Payee name Best Buy		
	Amount (\$) \$60.61		Payee address; City; State; Zip Code 869 NE Mall Boulevard Hurst, TX 76053		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/12/2024		Payee name Blueground		
	Amount (\$) \$4,050.00		Payee address; City; State; Zip Code 801 Barton Springs Road Suite 9-103 Austin, TX 78704		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Austin lease expense		
		Complete <u>ONLY</u> 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: 8/22 Rpt: 28/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
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4 Date 09/11/2024	5 Payee name Bluehost
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6 Amount (\$) \$582.81	7 Payee address; City; State; Zip Code 5335 Gate Pkwy 2nd Fl Jacksonville, FL 32256
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website hosting expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Capitol Gift Shop
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Amount (\$) \$220.83	Payee address; City; State; Zip Code 1400 Congress Avenue Suite E1.006 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/09/2024	Payee name Capitol Hilton
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Amount (\$) \$582.06	Payee address; City; State; Zip Code 1001 W 16th Street NW Washington, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder lodging expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 9/22 Rpt: 29/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
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4 Date 12/11/2024	5 Payee name Chase Auto Finance
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6 Amount (\$) \$1,690.02	7 Payee address; City; State; Zip Code 14800 Frye Road Fort Worth, TX 76155
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2024	Payee name Chase Auto Finance
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Amount (\$) \$1,690.02	Payee address; City; State; Zip Code 14800 Frye Road Fort Worth, TX 76155
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Chase Auto Finance
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Amount (\$) \$845.00	Payee address; City; State; Zip Code 14800 Frye Road Fort Worth, TX 76155
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 10/22 Rpt: 30/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/13/2024	5 Payee name Colton House Hotel	
6 Amount (\$) \$446.30	7 Payee address; City; State; Zip Code 2510 S Congress Avenue Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder lodging expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2024	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office software
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: 11/22 Rpt: 31/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/11/2024	5 Payee name DoubleTree Hotel	
6 Amount (\$) \$411.26	7 Payee address; City; State; Zip Code 303 W 15th Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder lodging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name Dropbox	
Amount (\$) \$212.13	Payee address; City; State; Zip Code 333 Brannan Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name East Fort Worth Business Association	
Amount (\$) \$259.07	Payee address; City; State; Zip Code 1850 Handley Drive Fort Worth, TX 76112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship expense
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: 12/22 Rpt: 32/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/24/2024	5 Payee name Extra Space Storage	
6 Amount (\$) \$215.00	7 Payee address; City; State; Zip Code 6750 Mandy Lane Fort Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Storage rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2024	Payee name Extra Space Storage	
Amount (\$) \$215.00	Payee address; City; State; Zip Code 6750 Mandy Lane Fort Worth, TX 76112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Exxon Mobil	
Amount (\$) \$72.50	Payee address; City; State; Zip Code 10137 West Freeway Fort Worth, TX 76108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
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: 13/22 Rpt: 33/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/02/2024	5 Payee name Googlesuite	
6 Amount (\$) \$46.05	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name House Democratic Caucus	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 12453 Austin, TX 78711	
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 Membership fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name JPS Foundation	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 1223 S Main Street Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to foundation
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: 14/22 Rpt: 34/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/15/2024	5 Payee name Jessica Gonzalez Campaign	
6 Amount (\$) \$1,481.28	7 Payee address; City; State; Zip Code 400 S Zang Blvd. Suite 1214 Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Campaign fundraiser expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name Love's Travel Stop	
Amount (\$) \$42.19	Payee address; City; State; Zip Code 1501 Corsicana Hwy Hillsboro, TX 76645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2024	Payee name Murphy Express	
Amount (\$) \$65.71	Payee address; City; State; Zip Code 1200 Eastman Parkway Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
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: 15/22 Rpt: 35/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 10/18/2024	5 Payee name NBCSL	
6 Amount (\$) \$775.00	7 Payee address; City; State; Zip Code 444 North Capitol St NW #622 Washington, DC 20001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legislative Conference Registration and membership dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative Conference Registration and membership dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Nana's Kitchen	
Amount (\$) \$446.26	Payee address; City; State; Zip Code 7403 John T White Road Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HD95 Veteran's Day event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name PMC Paid Parking	
Amount (\$) \$62.43	Payee address; City; State; Zip Code 583 W 6th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder parking 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: 16/22 Rpt: 36/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/12/2024	5 Payee name Pappadeaux Fort Worth	
6 Amount (\$) \$99.55	7 Payee address; City; State; Zip Code 2708 West Freeway Fort Worth, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with constituent and meal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Quick N Clean	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 5600 Camp Bowie Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder vehicle maintenance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2024	Payee name Quick N Clean	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 5600 Camp Bowie Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder car maintenance
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: 17/22 Rpt: 37/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/29/2024	5 Payee name Quick N Clean	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 5600 Camp Bowie Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder car maintenance
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/12/2024	Payee name Quick N Clean	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 5600 Camp Bowie Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder car maintenance
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/23/2024	Payee name Quiktrip	
Amount (\$) \$69.59	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
	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: 18/22 Rpt: 38/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 12/11/2024	5 Payee name Quiktrip	
6 Amount (\$) \$59.89	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name Quiktrip	
Amount (\$) \$62.03	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name Quiktrip	
Amount (\$) \$42.03	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
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: 19/22 Rpt: 39/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4 Date 11/18/2024	5 Payee name Quiktrip	
6 Amount (\$) \$70.10	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Quiktrip	
Amount (\$) \$33.15	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Soto, Jimena	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 101 S. Jennings Avenue Suite 103C Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign wages
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: 20/22 Rpt: 40/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
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4 Date 10/21/2024	5 Payee name State Innovation
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6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 1360 Regent St. PMB 257 Madison, WI 53715
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative Conference registration
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2024	Payee name Tarrant County Democratic Party
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 685 John B Sias Memorial Parkway #400 Fort Worth, TX 76134
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution towards Tarrant County Democratic Party's Campaign outreach program
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/22/2024	Payee name The Downright Renaissance
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Amount (\$) \$208.71	Payee address; City; State; Zip Code 701 E 11th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder lodging expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 21/22 Rpt: 41/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
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4 Date 12/23/2024	5 Payee name Tom Thumb
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6 Amount (\$) \$70.57	7 Payee address; City; State; Zip Code 2400 W 7th Street Fort Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office snacks
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/17/2024	Payee name Torchy's Tacos
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Amount (\$) \$62.59	Payee address; City; State; Zip Code 928 Northton Street Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name True Love Baptist Church
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 5809 Hartman Road Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to church Turkey Giveaway.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt: 42/43	2 FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
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4 Date 12/23/2024	5 Payee name USLege AI
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1100 Congress Avenue Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2024	Payee name Unity Unlimited
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Amount (\$) \$153.74	Payee address; City; State; Zip Code PO Box 11793 Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder event ticket
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 43/43
2 FILER NAME Collier, Nicole D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067957
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 12/02/2024 12/07/2024	7 Name of person(s) traveling Collier, Nicole	
	8 Departure city or name of departure location DFW	
	9 Destination city or name of destination location Washington, DC	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Attend NBCSL legislative conference	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Capitol Hilton		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/02/2024 12/07/2024	Name of person(s) traveling Collier, Nicole	
	Departure city or name of departure location DFW	
	Destination city or name of destination location Washington, DC	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Attend NBCSL Legislative Conference	