# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commis 00041354	sion Filers)	2 Total pages filed: 144
3 CANDIDATE /		FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable L	₋ois W.			Date Received
					ELECTRONICALLY FILED
	NICKNAME L	 -AST		SUFFIX	01/15/2025
		Kolkhorst		JUFFIX	0-7-07-0-0
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	P.O. Box 2546				Receipt # Amount
Change of Address	Dranham TV 77004				
Change of Address	Brenham, TX 77834				Date Processed
					Data lineared
					Date Imaged
5 CAMPAIGN	MS/MRS/MR F	IRST		MI	<u> </u>
TREASURER NAME	Mr. R	Robert F.			
IVAIVIE					
	NICKNAME L	 AST		SUFFIX	
	N	/likeska			
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1401 Victoria St.				
(Residence or Business)					
(residence of business)	Brenham, TX 77833				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION		
TREASURER	(979) 830-9171	NOMBER E	ATENSION		
PHONE	(373) 030-3171				
8 REPORT					
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
	July 15	8th day before e	election $\square$	Exceeded modified	appointment (officeholder only)  Final Report (Attach C/OH-FR)
		our day before e		reporting limit	I markeport (Auton G/OTTTN)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	ROUGH	12/31/2024	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	Pr	rimary	Runoff	Other
		G	eneral	Special	
				<u> </u>	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Senator District 18			State Senator Dis	strict 18
		GO T	O PAGE 2		

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Kolkhorst, Lois W. (T	ne Honorable)	14	Filer ID 00041354	(Ethics Co	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted of These expenditures may have be I officeholders are required to re	peen made without the	candidate's or office	eholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTI ES OF LOANS, OR CONTRIBU			\$	50.00
2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						829,538.45
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	1,042.42
	4. TOTAL POLITIC	AL EXPENDITURES			\$	152,534.69
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAI RIOD	NED AS OF THE LAS	T DAY OF THE	\$	3,165,300.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	NDING LOANS AS OF	THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true and cor	affirm, under penalty of rrect and includes all in 15, Election Code.	perjury, that the ac formation required t	companyin to be repor	g report is ted by me
			The Honorah	le Lois W. Kolkho	aret	
				ndidate or Officeho		
			· ·			
AFFIX NO						
		aid		, this the		day
01	, 20, to ce	ertify which, witness my hand an	id Seal of office.			
Signature of office	cer administering	Printed name of officer ad	ministering	Title of office	r administe	ering oath

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

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<b>18</b> FILER NAME Kolkhorst, Loi	is W. (The Honorable)	<b>19</b> Filer ID 00041354	(Ethics Commis	sion Filers)		
20 SCHEDULE SU NAME OF SCH			SUBTOTA	L AMOUNT		
1. X SO	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	824,225.00		
2. X SC	\$	5,313.45				
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SC	4. SCHEDULE E: LOANS					
5. X SC	\$	146,135.23				
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	300,000.00		
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	7,185.43		
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$			
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12. X SC	RETURNED	\$	52,291.80			
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/67 Rpt: 4/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/18/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5,000.00
Ω	Principal occu	Austin, TX 78768-4609 pation / Job title (See Instructions)	Employer (See Instructions			
0	r inicipal occu	pation / Job title (See Instructions)	2 Employer (See instructions	,		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: ACT For Texas Classroom Teachers Association Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ACTION BEHAVIOR CENTER TEXAS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7,500.00
		AUSTIN, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/03/2024				Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor X out-of-state PAC (ID#: C00040279 )  O9/20/2024 Abbott Laboratories Employee PAC  Contributor address; City; State; Zip Code  Abbott Park, IL 60064-6001			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 2/67 Rpt: 5/144	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)				00041354	
4	Date 10/15/2024	Abouleish, Amr	ate PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
		Houston , TX 77059					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Doctor			University of Texas Med	lica	l Branch	
	Date 12/05/2024	Full name of contributor out-of-star Ahlberg, Trevor L.  Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	President			Cottonwood Financial M	lan	agement, Inc.	
	Date 10/15/2024	Full name of contributor out-of-sta Aiena, Lane Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Huntsville, TX 77320					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Doctor			Huntsville Family Praction	се		
Date 11/18/2024		Allen Boone Humphries Robinson LL Contributor address; City; State; Zip Cod		)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor X out-of-state PAC (ID#: C00089136 )  09/11/2024 Altria Group, Inc. Political Action Committee/AltriaPAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
		Washington , DC 20001					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<b>1</b>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 3/67 Rpt: 6/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/22/2024	<ul> <li>Full name of contributor</li></ul>	C00040535 )	7	Amount of Contribution (\$)	\$2,000.00
_	Deire die alle access	Washington, DC 20004	In Frankrick (On the transition			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_American Pharmacy, Inc. GPAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
		Corpus Christi, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/21/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Chicago , IL 60631-3512 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#: C000251876 )  11/25/2024 Amgen Inc. Political Action Committee  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Thousand Oaks, CA 91320 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_Anderson, Bradley  Contributor address; City; State; Zip Code  Misseapolis, MN 55424			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Sevilla	)		

	MONET	ARY POLITICAL CO	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 4/67 Rpt: 7/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/06/2024	<ul><li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
		Florence , AL 35634					
8		pation / Job title (See Instructions) anagment Committee		Employer (See Instructions TNT Fireworks	i) 		
	Date 12/06/2024	Full name of contributor Anderson , Terry  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Florence , AL 35630 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Chairman	pation 7 dob title (dee mandellons)		TNT Fireworks	')		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:)  Associated General Contractors of Texas - PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor  BROCK II, RALPH  Contributor address; City; State;  KATY, TX 77494	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu ORTHODON	pation / Job title (See Instructions) NTICS		Employer (See Instructions Self Employed	<u>;</u> )		
	Date Full name of contributor X out-of-state PAC (ID#: C117838  11/18/2024 Baxter Healthcare Political Action Committee  Contributor address; City; State; Zip Code  Washington, DC 20005			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 5/67 Rpt: 8/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/23/2024	<ul><li>5 Full name of contributor</li><li>Beef-PAC</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	او	Employer (See Instructions	.)		
Ŭ	i illopai occa	pation / vob title (See mondellons)		Employer (Gee mondenons	')		
	Date 12/04/2024	Full name of contributor  Beer Alliance Of Texas Polit  Contributor address; City; State  Austin, TX 78701				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor  Bentke, Matthew  Contributor address; City; State  Brenham, TX 77833	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)		Employer (See Instructions Bluebonnet Electric Coo			
	Manager  Date 10/16/2024  Full name of contributor out-of-state PAC (ID#:) Bethea, Henry  Contributor address; City; State; Zip Code  The Woodlands, TX 77381				Amount of Contribution (\$)	\$500.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Healthcar		Vorthwest	
	Date 12/04/2024	Full name of contributor Bilse, Brittani N. Contributor address; City; State Austin, TX 78759-7321				Amount of Contribution (\$)	\$2,500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 6/67 Rpt: 9/144
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Kolkhorst, Lo	ois W. (The Honorable)			00041354
4	Date 10/23/2024	<ul><li>5 Full name of contributor</li><li>Bing, Eric</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7 Amount of Contribution (\$) \$1,000.00
•	Principal occu	Houston , TX 77056 pation / Job title (See Instructions)	. lo	Employer (See Instructions	
0	CEO	pation / Job title (See instructions)	ľ	The College of Health P	
				The conege of fleathfr	
	Date 11/15/2024	Full name of contributor Blake, Gary Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$15,000.00
		Fort Worth, TX 76109			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	; ;)
	President, C	EO, Director		Creative Solutions In He	ealthcare, Inc.
	Date 12/06/2024	Full name of contributor Border Health PAC Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$35,000.00
		McAllen, TX 78504			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)
	Date 10/15/2024	Full name of contributor Bornstein, Sue (Dr.)  Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$2,500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Medical Home In	
	Date 10/14/2024	Full name of contributor Bourgeois, Keith Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$100.00
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Downtown Eye Associate	

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 7/67 Rpt: 10/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/23/2024	<ul><li>5 Full name of contributor Boyer, Mark</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77064						
8	Principal occu Managing Pr	pation / Job title (See Instructions rincipal	)	9	Employer (See Instructions Boyer, Inc	5)		
	Date 12/13/2024	Full name of contributor Brannan, Ryan Contributor address; City; St			)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	)		Employer (See Instructions	 s)		
	Attorney	`	,		Brannan & Associates	,		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:)  Brannan, Ryan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701						
	Principal occu Attorney	pation / Job title (See Instructions	)		Employer (See Instructions Brannan & Associates	5)		
	Date 12/04/2024	Full name of contributor Bresnen, Steven Contributor address; City; St Austin , TX 78701	out-of-state PAC (ID#:	••••	)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Lobbyist	pation / Job title (See Instructions	)		Employer (See Instructions Bresnen & Associates	s)		
	Date Full name of contributor			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION			SCHEDUL	_E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/67 Rpt: 11/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/21/2024	Full name of contributor     Bunger, Brent     Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code	_	7	Amount of Contribution (\$)	\$250.00
8	Dringinal acqu	Houston , TX 77001  upation / Job title (See Instructions)	) <u>lo</u>	Employer (See Instructions	<u></u>		
。 	Real Estate			Ilan Investments LLC	·)		
	Date 10/22/2024	Full name of contributor  Burns, John  Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77007-7707  upation / Job title (See Instructions)	)	Employer (See Instructions	 s)		
	Bonding			Burns Bail Bonds			
	Date 10/24/2024	Full name of contributor Byler, Jr. , William T. or Ke Contributor address; City; Sta				Amount of Contribution (\$)	\$5,000.00
		Bellville, TX 77418					
	Principal occu President	upation / Job title (See Instructions)	)	Employer (See Instructions W. T. Byler Co - Gp, Inc	•		
	Date Full name of contributor \(\times\) out-of-state PAC (ID#: COO348938 )  10/18/2024 CHUBB GROUP HOLDINGS  Contributor address; City; State; Zip Code  PHILADELPHIA , PA 19106		O348938 )		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	;)		
	Date 12/05/2024	Full name of contributor CRAFTPAC (Independen Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	)	Employer (See Instructions	;)		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/67 Rpt: 12/144	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)			L	00041354	
4	Date 10/15/2024	<ul><li>5 Full name of contributor Callewart, Craig</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
Q	Principal occu	Dallas , TX 75225 pation / Job title (See Instructions)	l c	Employer (See Instructions			
0	Doctor	pation / 300 title (See Histractions)		Dallas Spine Treatment		Surgery	
	Date 12/02/2024	Full name of contributor  Cammack & Strong, P.C.  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$750.00
	Driveriant	Austin, TX 78701-2114		Frankria (Cas Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/14/2024	Full name of contributor  Carlo, John (Dr.)  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Dallas , TX 75228					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Prism Health North Tex	•		
			00397851 )		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/13/2024	Full name of contributor Charter Communications, In Contributor address; City; State Austin, TX 78701-5007		)		Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTIO	ons .		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/67 Rpt: 13/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/03/2024	<ul><li>5 Full name of contributor Chevron Employees PAC</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$2,000.00
		San Ramon, CA 94583					
8	Principal occu	pation / Job title (See Instructions	(i)	9 Employer (See Instructions	s)		
	Date 10/09/2024	Full name of contributor Childs, Tilden (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76109	,		Ĺ		
	Principal occu Physician	pation / Job title (See Instructions	·)	Employer (See Instructions Radiology Associates of		orth Texas, PA	
	Date 12/13/2024	Full name of contributor Clay, Reed Contributor address; City; St		)		Amount of Contribution (\$)	\$5,000.00
		Austin , TX 78701					
	Principal occu Consultant	pation / Job title (See Instructions	5)	Employer (See Instructions Crestline Group	s)		
	Date 12/13/2024	Full name of contributor Clay, Reed Contributor address; City; St Austin , TX 78701	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu Consultant	pation / Job title (See Instructions	)	Employer (See Instructions Crestline Group	s)		
	Date 11/12/2024	Full name of contributor Coats, Rose, P.C. Politica Contributor address; City; St Houston, TX 77046				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONT	TRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 11/67 Rpt: 14/144	
2	FILER NAME Kolkhorst, Lo	is W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions)	اه	Employer (See Instructions			
•	Retired	Janon / Job title (See Instructions)	9	Retired	,		
	Date 10/08/2024	Comcast Corporation & NBCUniv  Contributor address; City; State; Zip		0248716 )		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Philadelphia, PA 19103  Dation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		oation / Job title (See Instructions)  Exploration Engineer		Employer (See Instructions Tri-C Resources, Inc.	)		
	Date 12/03/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/05/2024	Full name of contributor	of-state PAC (ID#: <u>CO</u>	0112896 )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l.				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/67 Rpt: 15/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/10/2024	Full name of contributor     Cook, Robby     Contributor address; City; Sta	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$500.00
•	Dringing Loggy	Eagle Lake , TX 77434	lo lo	Employer (Coo Instructions	<u></u>		
8	Registered L	pation / Job title (See Instructions) _obbyist	9	Employer (See Instructions Self Employed	5)		
	Date 12/10/2024	Full name of contributor Cook, Robby  Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Eagle Lake , TX 77434  pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Registered L			Self Employed	•		
	Date 12/13/2024	Full name of contributor Cross Oak Group Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Austin , TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor  Cross Oak Group  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor DOW INC, PAC Contributor address; City; Sta	x out-of-state PAC (ID#: C0	0074096 )		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 13/67 Rpt: 16/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/03/2024	<ul> <li>Full name of contributor  out-of-state Daniel, Guy (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
_		Fulshear, TX 77441	- la	5 1 (0 1 1 1			
8	Principal occu Power	pation / Job title (See Instructions)	9	Employer (See Instructions Tigon Energy LLC	5)		
	Date 11/11/2024	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See instructions	')		
	Date 10/04/2024	Full name of contributor X out-of-state  DentaQuest PAC  Contributor address; City; State; Zip Code	PAC (ID#: <u>C00</u>	)		Amount of Contribution (\$)	\$2,000.00
		Boston, MA 02129					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/15/2024	Dowdy, Christopher	PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Baptist Hospitals of Sou		ast Texas	
	Date 10/17/2024	Full name of contributor out-of-state  Dunklin, William (Dr.)  Contributor address; City; State; Zip Code  Dallas , TX 75248	PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Rodeo Dental & Orthodo		irs	
	Deniust			TOUCO Demai & Ormour	J111		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/67 Rpt: 17/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 09/10/2024	5 Full name of contributor ☐ out-of-state PAC (ID#:_ENPAC Texas (PAC for Texas Employees of Er 6 Contributor address; City; State; Zip Code	,	7	Amount of Contribution (\$)	\$5,000.00	
_		Austin, TX 78701					
8	Principal occu	ipation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)	)			
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_EYE-PAC Of The Texas Ophthalmological Association Contributor address; City; State; Zip Code  Austin, TX 78701-1667			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Eads, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	<u> </u>	Houston , TX 77019					
	Retiired	ipation / Job title (See Instructions)	Employer (See Instructions) Retired	)			
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_Eads, John  Contributor address; City; State; Zip Code  Houston , TX 77019	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu Retiired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Eads, John Contributor address; City; State; Zip Code Houston, TX 77019			Amount of Contribution (\$)	\$1,500.00	
	Principal occu Retiired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)			

	MONEI	IONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/67 Rpt: 18/144		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Kolkhorst, Lo	ois W. (The Honorable)			00041354		
4	Date 12/05/2024	5 Full name of contributor X out-of-state PAC (ID#: GELEVANCE Health PAC	000197228)	7	Amount of Contribution (\$)	\$3,000.00	
		6 Contributor address; City; State; Zip Code					
		Washington , DC 20004					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)			
	Date	Full name of contributor X out-of-state PAC (ID#: C	^nnn82792 \ \	Г	Amount of Contribution (\$)		
	08/06/2024	Eli Lilly And Company Political Action Committee			Amount of Contribution ( $\phi$ )	\$2,000.00	
	Contributor address; City; State; Zip Code				Ψ2,000.00		
		Indianapolis, IN 46285					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date	Full name of contributor X out-of-state PAC (ID#:	C00219642 )		Amount of Contribution (\$)		
	09/25/2024	Enterprise Holdings, Inc. Political Action Commi	ttee			\$1,000.00	
		Contributor address; City; State; Zip Code					
		,					
		St. Louis, MO 63105					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date	Full name of contributor X out-of-state PAC (ID#:	C00340455 )		Amount of Contribution (\$)		
	08/14/2024	Essential Utilities, Inc. PAC				\$1,500.00	
		Contributor address; City; State; Zip Code		l			
		Bryan Mawr, PA 19010					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	09/19/2024	FOMCPAC Friends of UT Southwestern Med	lical Center PAC			\$1,000.00	
		Contributor address; City; State; Zip Code		l			
		Dallas, TX 75230					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
_		<del></del>					

	MONET	ARY POLITICAL CONT	FRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 16/67 Rpt: 19/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/07/2024	Fagan, Mark	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
_		Waco, TX 76708					
8		pation / Job title (See Instructions) President & General Manager	9	Employer (See Instructions Brazos Electric Power	)		
	Date 11/04/2024	Farina , Mahya  Contributor address; City; State; Zip				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Doctor Cosmetic Dentists of Aus		stir	1			
	Date 10/14/2024	Full name of contributor out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Beaumont , TX 77706					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Baptist Hospital or the S	,	theast	
	Date 10/23/2024	Fite Jr., Ralph	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$1,000.00
	'	pation / Job title (See Instructions) President of Finance		Employer (See Instructions Welcome Group, LLC	)		
	Date 12/04/2024	Full name of contributor out- Focused Advocacy Political Actio Contributor address; City; State; Zip  Austin, TX 78746				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/67 Rpt: 20/144
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 12/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75201-3340		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Folloder, Harry (Mr.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$25.00
	Dringinal occu	Fulshear, TX 77441 pation / Job title (See Instructions)	Employer (See Instructions	nc)
	Executive	pation / Job title (See Instructions)	N/A	115)
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of UNT Political Action Committee (Univ Contributor address; City; State; Zip Code	versity of North Texas)	Amount of Contribution (\$) \$1,000.00
	Deinsinal	Dallas, TX 75380-3272	Frankrije (O. a. kratinski ara	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_Friends of the TTU System PAC  Contributor address; City; State; Zip Code  Lubbock, TX 79409		Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Fuller, Gregory (Dr.)  Contributor address; City; State; Zip Code  North Richland Hills , TX 76182		Amount of Contribution (\$)
	Principal occu Physican	pation / Job title (See Instructions)	Employer (See Instructions North Hills Family Medic	

	MONET	ARY POLITICAL C	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/67 Rpt: 21/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/04/2024	<ul><li>5 Full name of contributor</li><li>GARCIA, JOE</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78767					
8	Principal occu President/Lo	pation / Job title (See Instructions)	9	Employer (See Instruction: Self Employed	s)		
	Date 10/22/2024	Full name of contributor GRAY REED PAC Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	P	Employer (See Instruction:	<u> </u> s)		
	Date 10/22/2024	Full name of contributor Gaedcke, Gilbert  Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Houston , TX 77019 pation / Job title (See Instructions)		Employer (See Instruction:	<u> </u> s)		
	Date 11/18/2024	Full name of contributor Gainwell Holding Corp. PA Contributor address; City; Sta Conway, AR 72034		0440453		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction:	s)		
	Date 10/14/2024	Full name of contributor Garretson, Melissa (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/67 Rpt: 22/144			
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)		
4	Date 08/28/2024	<ul><li>5 Full name of contributor GenenPAC</li><li>6 Contributor address; City; St</li></ul>	x out-of-state PAC (ID#: \( \frac{1}{2} \) ate; Zip Code	C00199257 )	7	Amount of Contribution (\$)	\$1,500.00		
		So. San Francisco, CA 94		<del></del>					
8	Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Instructions	5)				
	Date 07/16/2024	Full name of contributor Germania Farm Mutual P Contributor address; City; Si		)		Amount of Contribution (\$)	\$2,000.00		
	Princinal occu	Brenham , TX 77833 pation / Job title (See Instructions	·)	Employer (See Instructions	<u>s)</u>				
	i ilicipai occa	pation / 305 title (See matidetions	"	Employer (See mandenone	۰)				
	Date 12/04/2024	Full name of contributor Giesinger, Ross W. (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin , TX 78757-1440 pation / Job title (See Instructions	3)	Employer (See Instructions	s) 				
		vernment Affairs, Lawyer	,	Cornerstone Governme		Affairs			
	Date 10/14/2024	Full name of contributor Gilmer, William (Dr.) Contributor address; City; Si Houston , TX 77005				Amount of Contribution (\$)	\$250.00		
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions William S. Gilmer MD P.	-				
	Date 10/05/2024	Full name of contributor Glenn, Gayle Contributor address; City; Si Dallas, TX 75230			•	Amount of Contribution (\$)	\$500.00		
	Principal occu Orthodontist	pation / Job title (See Instructions	;)	Employer (See Instructions Cedar Park Orthodontic					

	MONET	IONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/67 Rpt: 23/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 10/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Gonzalez Public Affairs &amp; Consulting</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$500.00	
_	Dein sin al a sau	Austin, TX 78701	lo 5				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Good Government Fund (Fort Worth) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Fort Worth, TX 76102 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Good Government Fund (Fort Worth)  Contributor address; City; State; Zip Code  Fort Worth, TX 76102			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Gorouhi, Fariborz  Contributor address; City; State; Zip Code  Victoria , TX 77904	)		Amount of Contribution (\$)	\$4,000.00	
		pation / Job title (See Instructions) Hematology/Oncology	Employer (See Instructions Citizens Medical Center		ctoria		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ Green, Mary (Dr.)  Contributor address; City; State; Zip Code  Marble Falls, TX 78654			Amount of Contribution (\$)	\$250.00	
	Principal occu Eye Surgeor	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	)			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 21/67 Rpt: 24/144
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 12/02/2024	<ul> <li>Full name of contributor</li></ul>	mittee	7 Amount of Contribution (\$) \$1,500.00
		Albany, NY 12207		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID Gregg, Aaron Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$1,000.00
	Dringing! aggs	Georgetown, TX 78681	Employer (Coo Instruction	
	Lawyer/Lobb	pation / Job title (See Instructions)  byist	Employer (See Instructions Capital Law & Consultir	
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$15,000.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID HCA Texas Good Government Fund PAC Fundament Fundam	Hospital Corp of America	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID HILLCO PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	#:)	Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
			•	

	MONET	ARY POLITICAL CONTRIBUTION	)NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/67 Rpt: 25/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 12/02/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
•	Dringing! good	AUSTIN, TX 78701	0 Employer (See Instructions				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ HOME-PAC Greater Houston Builders Associat Contributor address; City; State; Zip Code Houston, TX 77064-5398			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC Of Texas Texas Association of Bu Contributor address; City; State; Zip Code	illders		Amount of Contribution (\$)	\$3,000.00	
		Austin, TX 78701					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ HOSPAC - State (Texas Hospital Association)  Contributor address; City; State; Zip Code  Austin, TX 78701-2180			Amount of Contribution (\$)	\$8,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ HS LAW PAC (Hance Scarborough)  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			

	MONET	ARY POLITICAL (		SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	orm.		1	Total pages Schedule A1: Sch: 23/67 Rpt: 26/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/13/2024	<ul><li>5 Full name of contributor Harbour, David</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$3,000.00
		Fairview, TX 75069						
8	Principal occu CEO	pation / Job title (See Instructions	9		mployer (See Instructions Centria Healthcare	)		
	Date 12/13/2024	Full name of contributor Harbour, David Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Fairview, TX 75069 pation / Job title (See Instructions	(3)		mployer (See Instructions Centria Healthcare	)		
	Date 11/07/2024	Contributor address; City; S					Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin , TX 78701-1821 pation / Job title (See Instructions	5)	E	mployer (See Instructions	)		
	Date 10/30/2024	Full name of contributor Holford, William Contributor address; City; S Bastrop, TX 78602	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$75.00
	Principal occu Manager	pation / Job title (See Instructions	5)		mployer (See Instructions luebonnet Electric Coo		rative	
	Date 09/27/2024	Full name of contributor Holmes, Ned Contributor address; City; S Houston , TX 77007-5837			)		Amount of Contribution (\$)	\$500.00
	Principal occu Investments	pation / Job title (See Instructions	s)		mployer (See Instructions Iolmes Investments, Inc			

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 24/67 Rpt: 27/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$400.00
_	5	Lakeland, FL 33811	la la	5 1 (0 1 1 1	<u></u>		
8		pation / Job title (See Instructions) ent Government Relations	9	Employer (See Instructions Sevita Health	<del></del>		
	Date 12/13/2024	Full name of contributor out-of-state PAC Holmes, Yadira  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$400.00
	Dringing! aggr	Lakelamd, FL 33811		Employer (Co.) Instructions	<u></u>		
		pation / Job title (See Instructions) nent Relations		Employer (See Instructions Sevilla Health	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC Hoover Slovacek LLP Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77210					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/08/2024	Full name of contributor out-of-state PAC Houston Apartment Association Political Ac Contributor address; City; State; Zip Code  Houston, TX 77041	ction Co			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 10/23/2024	Full name of contributor out-of-state PAC Houston Associated General Contractors F Contributor address; City; State; Zip Code  Houston, TX 77092	PAC	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/67 Rpt: 28/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_	Deignigal	Houston , TX 77082	O Franksia (Cas katuustissa			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#: Houston Pilots Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Deinsinal assu	Deer Park, TX 77536	Francis on (Cool bathwetic ro	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Officers' Union PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77007-7730				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/10/2024	Full name of contributor X out-of-state PAC (ID#: C Humana Inc. Political Action Committee  Contributor address; City; State; Zip Code  Louisville, KY 40202	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Hunt, Woody L. and Gayle G.  Contributor address; City; State; Zip Code  El Paso, TX 79913-0667			Amount of Contribution (\$)	\$5,000.00
		pation / Job title (See Instructions) man of the Board of Directors	Employer (See Instructions Hunt Companies, Inc.	5)		
	Jenior Chall	man or the board of Directors	nunt Companies, inc.			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/67 Rpt: 29/144		
2	FILER NAME Kolkhorst, Lo	pis W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 12/04/2024	5 Full name of contributor out-of-state PAC (ID#: IBAT PAC A PAC Of The Independent Banker  6 Contributor address; City; State; Zip Code	rs Association Of Texas	7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ IEC Of Texas PAC Fund (Independent Electric Contributor address; City; State; Zip Code  Austin , TX 78701			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ INDEPAC (Texas Independent Automobile Dea Contributor address; City; State; Zip Code	lers Association PAC)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	Employer (See Instructions	)			
	· 	,	. , ,				
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#: INSURING TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78735			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Incline PAC Contributor address; City; State; Zip Code  Austin , TX 78701	)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 27/67 Rpt: 30/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/26/2024	5 Full name of contributor X JES Holdings LLC - Texas D 6 Contributor address; City; State		)	7	Amount of Contribution (\$)	\$2,500.00
_		Columbia, MO 65203					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/12/2024	Full name of contributor  Jackson Walker L.L.P. Politic  Contributor address; City; State				Amount of Contribution (\$)	\$2,500.00
	Principal occu	Dallas, TX 75201-2725 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	r inicipal occu	pation / 300 title (See instructions)		Employer (See instructions	,		
	Date 07/28/2024	Full name of contributor  Jayroe, Tim  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Rockport, TX 78382					
	Principal occu Mayor	pation / Job title (See Instructions)		Employer (See Instructions City of Rockport Texas	5)		
	Date 10/01/2024	Full name of contributor X Johnson & Johnson Political Contributor address; City; State Washington, DC 20005				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor  Johnson, Lee  Contributor address; City; State  Austin, TX 78759	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Texas Council of Comm		ity Centers	

	MONEI	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/67 Rpt: 31/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/08/2024	<ul><li>5 Full name of contributor Johnson, Michael</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	Dain simple open	Austin, TX 78701	· T	Continue (Continue tions	<u></u>		
8	Principal occu Public Affairs	pation / Job title (See Instructions S	)	9 Employer (See Instructions Brentwood Public Affair			
	Date 12/04/2024	Full name of contributor Junior And Community Co Contributor address; City; St		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1686  pation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u> s)		
	Date 12/13/2024	Full name of contributor  Just Pac  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Dain single	League City , TX 77573	<u>.                                      </u>	Farada and (October American			
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor Just Pac Contributor address; City; St League City , TX 77573	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 10/14/2024	Full name of contributor Kaplan, Michael Contributor address; City; St Bellaire , TX 77401	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu Doctor	I pation / Job title (See Instructions	)	Employer (See Instructions Self Employeed	<u>1</u> S)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 29/67 Rpt: 32/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	n Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor Karlsruher, Jessica</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$200.00
_	Deignigal	Austin, TX 78737	<u>.</u>	_	Franks or (Cook batterations			
8	CEO	pation / Job title (See Instruction:	5)	9	Employer (See Instructions Tread Coalition	<del></del>		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S			)		Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instruction:	s)		Employer (See Instructions	;)		
	CEO	<b></b>	-,		Tread Coalition	,		
	Date 12/13/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
		Austin, TX 78737						
	Principal occu CEO	pation / Job title (See Instruction:	5)		Employer (See Instructions Tread Coalition	5)		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S Austin, TX 78737			)		Amount of Contribution (\$)	\$200.00
	Principal occu CEO	pation / Job title (See Instruction:	5)		Employer (See Instructions Tread Coalition	5)		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S Austin, TX 78737	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$200.00
	Principal occu CEO	pation / Job title (See Instruction	5)		Employer (See Instructions Tread Coalition	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 30/67 Rpt: 33/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/13/2024	Full name of contributor     Kaufman, Phillip     Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Edina, MN 55435 pation / Job title (See Instructions)	0	Employer (See Instructions	., 		
0	CEO	pation / 300 title (See instructions)	9	Sevita	·)		
	Date 12/13/2024	Full name of contributor [ Kaufman, Phillip Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Dringing! agg.	Edina, MN 55435		Employer (Con Instructions	<u></u>		
	CEO	pation / Job title (See Instructions)		Employer (See Instructions Sevita	5)		
	Date 12/04/2024	Full name of contributor [ Keel, Lara  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78703					
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Texas Lobbying and Go	′	rnment Relations	
	Date 10/11/2024	Full name of contributor Khan, Faraz (Dr.)  Contributor address; City; Star  Houston , TX 77024	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Radpartners Houston	5)		
	Date 10/14/2024	Full name of contributor  Khetan, Roger (Dr.)  Contributor address; City; Star  Dallas, TX 75205	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Roger S. Khetan MD PL		;	
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 31/67 Rpt: 34/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00041354	
4	Date 08/24/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Kickapoo Traditional Tribe Of Texas</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$) \$5,000.0	0
_	Dringing Loon	Eagle Pass, TX 78852	C Employer (See Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/17/2024	Full name of contributor  out-of-state PAC (ID#: Kouyoumdjian, Raffy (Dr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$1,000.0	0
		Dallas, TX 75229 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Dentist Date	Full name of contributor  out-of-state PAC (ID#:	Rodeo Dental	_	Amount of Contribution (\$)	_
	11/13/2024	Full name of contributor out-of-state PAC (ID#: Kugle, Chris Contributor address; City; State; Zip Code			\$500.0	0
		Houston , TX 77056				
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Industrial Brokerage Se	•	ces Group	
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: LABE, ERIC  Contributor address; City; State; Zip Code  HUNTINGTON WOODS, MI 48070		•	Amount of Contribution (\$) \$3,000.0	0
	•	pation / Job title (See Instructions) , PDN/REHAB SERVICES	Employer (See Instructions CENTRIA HEALTHCAR			
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: Lanham, Jr., Robert C. and Pamela J.  Contributor address; City; State; Zip Code  Katy, TX 77494		•	Amount of Contribution (\$) \$10,000.0	0
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Williams Brothers Const		ction Co., Inc.	

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 32/67 Rpt: 35/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/07/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78628					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Bartlett Electric	5)		
	Date 12/11/2024	Full name of contributor  out-of-state PAC Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
					,		
	Date 12/11/2024	Full name of contributor out-of-state PAC Lloyd Gosselink Rochelle & Townsend, P.C Contributor address; City; State; Zip Code	C.	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Locke Lord LLP Contributor address; City; State; Zip Code  Dallas, TX 75201-6776		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC Longbow Consulting Partners  Contributor address; City; State; Zip Code  Austin, TX 78701	I (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			ı				

	MONET	ARY POLITICAL CON	I RIBUTIONS	SCHEDULE A1			
	The Instru	ction Guide explains how to co	mplete this form.	Total pages Schedule A1: Sch: 33/67 Rpt: 36/144			
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354			
4	Date 10/17/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$1,000.00			
		Dallas, TX 75209					
8	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)     Rodeo Dental				
	Date 10/15/2024	McGuireWoods Federal PAC Fur Contributor address; City; State; Zip		Amount of Contribution (\$) \$500.00			
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 10/04/2024	McKesson Corporation Employee Contributor address; City; State; Zip		Amount of Contribution (\$) \$1,500.00			
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date Full name of contributor X out-of-state PAC (ID#: C00097485 )  07/11/2024 Merck Employees Political Action Committee (Merck PAC)  Contributor address; City; State; Zip Code  Washington, DC 20004		n Committee (Merck PAC)	Amount of Contribution (\$) \$2,500.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 10/14/2024	Metropolitan Anesthesia	of-state PAC (ID#:)  Code	Amount of Contribution (\$) \$10,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/67 Rpt: 37/144		
2	FILER NAME Kolkhorst, Lo	pis W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 12/02/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00	
_	Dein sin al a sau	Austin , TX 78746-5776	O Frankrica (Con Instruction				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Monday, Kimberly (Dr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Dringing! goog	Houston, TX 77005	Employer (Co.) Instructions				
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions University Texas	)			
	Date 10/15/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00	
		Beaumont , TX 77706					
	Principal occu President of	pation / Job title (See Instructions) Finance	Employer (See Instructions Harbor Healthcare	)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Moore, Jon Contributor address; City; State; Zip Code Hallsville, TX 75650			Amount of Contribution (\$)	\$100.00	
	Principal occu Executive Di	pation / Job title (See Instructions)	Employer (See Instructions Sevilla	)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Moore, Jon (Mr.)  Contributor address; City; State; Zip Code  Hallsville, TX 75650			Amount of Contribution (\$)	\$100.00	
	Principal occu Executive Di	pation / Job title (See Instructions) irector	Employer (See Instructions Sevita	)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/67 Rpt: 38/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/23/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Moreno, Mark</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Houston , TX 77025	<u> </u>	<u></u>		
8	Hospital Adn	pation / Job title (See Instructions) ninistration	Employer (See Instructions     MD Anderson Cancer Can	•	ter	
	Date 09/16/2024	Full name of contributor x out-of-state PAC (ID#:_ NABIP Texas PAC - National Association of Be Contributor address; City; State; Zip Code  Cranford, NJ 07016	nefits and Insurance		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:)  NAIFA TEXAS IFAPAC (Natl. Assoc. Insurance & Financial Advisors)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ NCHA's Texas Events PAC (National Cutting Contributor address; City; State; Zip Code	Horse Association)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/26/2024	Full name of contributor X out-of-state PAC (ID#:_NRG Energy Political Action Committee  Contributor address; City; State; Zip Code  Princeton, NJ 08540-6213	C00366559 )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			I			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 36/67 Rpt: 39/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	n Filers)	
4	Date 11/12/2024	<ul> <li>Full name of contributor</li></ul>	D#:)	7	Amount of Contribution (\$)	\$500.00	
_	5	San Antonio, TX 78255	10 5 1 70 1 1 1	<u> </u>			
8	Orthodontist	pation / Job title (See Instructions)	Employer (See Instruction     Celebrate Dental	is)			
	Date 07/31/2024	Full name of contributor out-of-state PAC (II National Association of Mutual Insurance Co Contributor address; City; State; Zip Code Indianapolis , TX 46268			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ls)			
	Date 10/11/2024	Full name of contributor out-of-state PAC (II Nau III, John L. Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5,000.00	
		Houston, TX 77019		Ļ			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	is)			
	Date 10/15/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (II ORGANIZING FOR TEXAS SENIORS Contributor address; City; State; Zip Code  DALLAS, TX 75231	D#:)		Amount of Contribution (\$) \$2	10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)			
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/67 Rpt: 40/144			
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354			
4	Date 09/27/2024	Full name of contributor		7 Amount of Contribution (\$) \$2,500.00			
		Dallas, TX 75202-1234					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/24/2024	Full name of contributor x out-of-state PAC (ID#:_Otsuka US PAC. Otsuka America Pharmaceuti Contributor address; City; State; Zip Code  Rockville, MD 20850-3238	cal Inc. PAC	Amount of Contribution (\$) \$500.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Otto, Martin  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00			
	Dringing agg	Austin , TX 78746-2924  upation / Job title (See Instructions)	Employer (See Instructions				
	Chief Opera		Employer (See Instructions HEB Grocery Company				
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_PADFOOT PAC  Contributor address; City; State; Zip Code  Houston , TX 77024		Amount of Contribution (\$) \$2,500.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_POPULUS FINANCIAL GROUP, INC TEXAS P Contributor address; City; State; Zip Code  IRVING , TX 75062	AC	Amount of Contribution (\$) \$1,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	, s)			

	MONET	ARY POLITICAL C		SCHEDU	LE A1			
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 38/67 Rpt: 41/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 10/15/2024	<ul><li>5 Full name of contributor Padakandia, Udaya (Dr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$250.00
_	Daine in all a con-	Carrollton, TX 75010	, I		Faralaca (Octobration			
8	Principal occu Physician	pation / Job title (See Instructions	)		Employer (See Instructions USAP	5)		
	Date 10/15/2024	Full name of contributor Parker, James (Dr.)  Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Denison, TX 75020	<b>.</b>		Employer (See Instructions	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions	)		Employer (See Instructions Texomacare	5)		
	Date 10/14/2024	Full name of contributor Pearse, Lee Ann (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75244						
	Principal occu Physician	pation / Job title (See Instructions			Employer (See Instructions PSG with/HCA	5)		
	Date 09/01/2024	Full name of contributor Pediatric Dentists Political Contributor address; City; St McKinney, TX 75069			)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor Pediatrix Medical Group II Contributor address; City; St Sunrise, FL 33323					Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ETARY POLITICAL CONTRIBUTIONS				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/67 Rpt: 42/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/02/2024	<ul><li>5 Full name of contributor PharmPAC (Texas Phar</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78757					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor Phillips North America LL Contributor address; City; St		000239780 )	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions	)	Employer (See Instructions	<u>;)</u>		
	T Tillelpai occa	panon / Job the (Jee mistraetions	)	Employer (See instructions	"		
	Date 10/25/2024	Full name of contributor Poinsett PLLC  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 10/17/2024	Full name of contributor Polskaya, Veeonika (Dr.) Contributor address; City; St Dallas, TX 75209	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu Dentist	pation / Job title (See Instructions	)	Employer (See Instructions Lucent Dental Group	5)		
	Date 08/16/2024	Full name of contributor Prasek, Mike Contributor address; City; St El Campo, TX 77437	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions	)	Employer (See Instructions Self Prasek's Family S		okehouse	

	MONET	ARY POLITICAL (		SCHEDU	LE <b>A1</b>		
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/67 Rpt: 43/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/09/2024	<ul><li>5 Full name of contributor Provider Coalition For Ca</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$15,000.00
		Lewisville, TX 75057					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor  Quest Diagnostics Incorp  Contributor address; City; S		C000329185 )		Amount of Contribution (\$)	\$500.00
	Principal occu	Secaucus, NJ 07094 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 10/04/2024	Full name of contributor ROBIRDS, STEPHEN Contributor address; City; S AUSTIN, TX 78745	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Capital Family Orthodor		S	
	Date 12/09/2024	Full name of contributor  Red Rock Texas PAC  Contributor address; City; S  Austin , TX 78701				Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Richards, Jeffrey Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$200.00
	Principal occu Doctor	pation / Job title (See Instructions	(5)	Employer (See Instructions University of Texas Med		ıl Branch	

	MONET	ONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 41/67 Rpt: 44/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/25/2024	<ul><li>5 Full name of contributor Robinson, Douglass</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Abiliene, TX 79605 pation / Job title (See Instructions	s) [9	9	Employer (See Instructions	:) [		
	Founder & P				Natura Resources	,		
	Date 12/03/2024	Full name of contributor Ron Lewis & Associates Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	3)		Employer (See Instructions	:) 		
	i illoipai oooa	panon / dob tine (doc mondon)			Employer (eee meadeans	,		
	Date 11/11/2024	Full name of contributor Rural Friends of Electric ( Contributor address; City; S			)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701-2100						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 11/01/2024	Full name of contributor Ryan Texas PAC Contributor address; City; S Dallas, TX 75240					Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Rydman, John A.  Contributor address; City; S  Houston , TX 77007	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3,000.00
	Principal occu President/Ov	pation / Job title (See Instructions wner	5)		Employer (See Instructions Spec's Wines Sprits and		ner Foods	
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	MONET	ARY POLITICAL (		SCHEDU	LE <b>A1</b>		
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/67 Rpt: 45/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/07/2024	<ul><li>5 Full name of contributor Rytzner, Andrea</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	Deignaignal	San Antonio, TX 78204		- Franklavar (Coo la structiona			
8	Orthodontist	pation / Job title (See Instruction:	9	Employer (See Instructions UT Health San Antonio	5)		
	Date 12/04/2024	Full name of contributor SHANNON, FRED  Contributor address; City; S		)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions	5)	Employer (See Instructions	 s)		
	Lobbyist			Self Employed			
	Date 12/04/2024	Full name of contributor SHIPTON, PATRICIA Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$500.00
		Austin, TX 79701					
	Principal occu Lobbyist	pation / Job title (See Instructions	5)	Employer (See Instructions Ron Lewis & Associates	•		
	Date 10/23/2024	Full name of contributor SRR Ranches, LLC Contributor address; City; S Galveston, TX 77552		)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor STAN SCHLUETER CON Contributor address; City; S AUSTIN, TX 78768				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		
			,				

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 43/67 Rpt: 46/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/06/2024	<ul> <li>Full name of contributor</li></ul>	ssociation L		7	Amount of Contribution (\$)	\$2,500.00
_	<u> </u>	San Antonio , TX 78201	la la				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 11/05/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Director	panon, cos ano (cos mendenos)		Williams Brothers Const		tion	
	Date 10/11/2024	Full name of contributor out-of-state P Schwartz, Page & Harding, L.L.P. Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/22/2024	Full name of contributor out-of-state P Service Corporation International PAC Contributor address; City; State; Zip Code Houston, TX 77219				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/17/2024	Full name of contributor out-of-state P Shafi, Hamid Jay (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75209-3339	PAC (ID#:			Amount of Contribution (\$)	\$3,500.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Lucent Dental Group	)		
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	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 44/67 Rpt: 47/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/14/2024	<ul><li>5 Full name of contributor [ Shah, Jayesh (Dr.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ite; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
_	B	San Antonio, TX 78258	- la				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Timeozygen Healing Co	•	epts, LLC	
	Date 10/15/2024	Full name of contributor Shannon, Patrick  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$200.00
	Principal occu	Huntsville , TX 77320 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CEO			Huntsville Memorial Hos	pit	al	
	Date 10/14/2024	Full name of contributor [ Shepherd, Jenny Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$50.00
		San Antono, TX 78217					
	Principal occu Medicine/Pu	pation / Job title (See Instructions) blic Health		Employer (See Instructions Self Employed	5)		
	Date 10/13/2024	Full name of contributor Silva, Zeke (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology	•	oup	
	Date 11/05/2024	Full name of contributor  Southern Glazer's PAC of  Contributor address; City; Sta  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 45/67 Rpt: 48/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Stedman, Stuart</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	President/Inv	vestor		Stedman West Interest	s, I	nc.	
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Sysco Corp Good Government Committee, Inc Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ TALAPAC Texas Assisted Living Association Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ TALHI LIFE INSURANCE PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78767		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TAMFT Family PAC (Texas Assoc. for Marriag Contributor address; City; State; Zip Code  Austin, TX 78701-1634				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/67 Rpt: 49/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/10/2024	<ul><li>5 Full name of contributor [ TARGA Resources Corp To Good Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Houston , TX 77002		O Francisco (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 11/18/2024	Full name of contributor  TBA Bank PAC - State  Contributor address; City; Sta				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/19/2024	Full name of contributor [ TEX HY-PAC (Texas Hyg Contributor address; City; Sta				Amount of Contribution (\$)	\$1,500.00
	Principal occu	HOUSTON, TX 77062-291 pation / Job title (See Instructions)	8	Employer (See Instructions	<u> </u>		
		,		, , , , ( · · · · · · · · · · · · · · ·	_		
	Date 12/04/2024	Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/18/2024	Full name of contributor [ TEXAS ASSOCIATION FO Contributor address; City; Sta HOUSTON, TX 77269				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/67 Rpt: 50/144
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00041354
4	Date 10/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$1,000.00
_	Delicalis al access	AUSTIN, TX 78767			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS MEDICAL ASSOCIATION  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$30,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ THE INDEPENDENT INSURANCE AGENTS OF Contributor address; City; State; Zip Code	TEXAS PAC		Amount of Contribution (\$) \$5,000.00
	Principal occu	AUSTIN, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC / Texas Association of Realtors Politica Contributor address; City; State; Zip Code  Austin, TX 78768-2246			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ TSAPAC (Texas Society of Anesthesiologists Contributor address; City; State; Zip Code  Austin, TX 78701-1665	)		Amount of Contribution (\$) \$7,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 48/67 Rpt: 51/144	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Kolkhorst, L	ois W. (The Honorable)		00041354	
4	Date 12/01/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: TSHP-PAC (Texas Society of Health System F 6 Contributor address; City; State; Zip Code	Pharmacists)	7 Amount of Contribution (\$)	\$500.00
		Round Rock, TX 78665-3994	_		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/10/2024	TURK, JASON			\$3,000.00
		Contributor address; City; State; Zip Code			
		KELLER, TX 76248	,		
	Principal occu Doctor	ipation / Job title (See Instructions)	Employer (See Instructions Cooks Children Pediatric		
	Date 08/15/2024	Full name of contributor		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 09/16/2024	Full name of contributor		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 75701			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	10/09/2024	Tenaska Employees Texas PAC			\$1,000.00
		Contributor address; City; State; Zip Code Omaha, NE 68154			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/67 Rpt: 52/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 11/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Aggregates & Concrete Association Politi Contributor address; City; State; Zip Code	cal Action Committee		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Texas Agricultural Aviation Association (Ag-Air F Contributor address; City; State; Zip Code  Austin , TX 78701	PAC)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Co-op Council Political Action Contributor address; City; State; Zip Code  Round Rock, TX 78664	ı Committee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Conservation PAC Contributor address; City; State; Zip Code  Austin , TX 78703			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/67 Rpt: 53/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78754				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Ambulatory Surgery Center Society - PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#: Texas Apartment Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701-1951 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· ····o.pa ooda	panent cos and (cos menastro)		,		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Health Plans PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Mutual Ins. CO-PAC Contributor address; City; State; Zip Code Yoakum, TX 77995	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/67 Rpt: 54/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Pawn Brokers PAC  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
_		Crawford , TX 76638				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association Political A Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC Political Action Con Contributor address; City; State; Zip Code	nmittee		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	,				
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Dallas, TX 75265			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	LE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 52/67 Rpt: 55/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
_	7: -:	Austin, TX 78711	To the second of	Ĺ		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association Political Action Comm Contributor address; City; State; Zip Code  Austin, TX 78704	nittee		Amount of Contribution (\$)	\$5,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Food & Fuel Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Association Forestry PAC Contributor address; City; State; Zip Code  Lufkin, TX 75902-1488			Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Gin PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Round Rock , TX 78664 upation / Job title (See Instructions)	Employer (See Instructions	.)		
			<u>I</u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/67 Rpt: 56/144
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00041354
4	Date 11/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Health Care Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$10,000.00
_		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Impact, a CRH PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$2,000.00
	Principal occu	Austin , TX 78726 pation / Job title (See Instructions)	Employer (See Instructions		
	i illicipai occu	pation 7 sob title (see instructions)	Employer (See Instructions	,	
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC(TLTA PAC Contributor address; City; State; Zip Code	·)		Amount of Contribution (\$) \$10,000.00
		Austin, TX 78703			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Mortgage Bankers PAC Contributor address; City; State; Zip Code  Austin , TX 78701			Amount of Contribution (\$) \$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code  Austin, TX 78735-6723			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/67 Rpt: 57/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, ,,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#: Texas Orthopaedic Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Physicians For Patients PAC Contributor address; City; State; Zip Code  Marble Falls , TX 78654	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association Political Act Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/67 Rpt: 58/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/18/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Poultry PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions	)		
	•	,				
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Psychological PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Radiological Society Political Action Com Contributor address; City; State; Zip Code  San Antonio, TX 78257	mittee		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Restaurant Association PAC Contributor address; City; State; Zip Code  Austin , TX 78767			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/67 Rpt: 59/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/01/2024	5 Full name of contributor	)	7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Austin , TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sport PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78763-5943  upation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occa	pation 7 oob title (occ mondottons)	Employer (See mandellons	,		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Farm Agents PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Lakeway, TX 78734				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Statewide Telephone Cooperative, Inc. P Contributor address; City; State; Zip Code  Austin, TX 78701-1865	AC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Wildlife Association PAC Contributor address; City; State; Zip Code  New Braunfels, TX 78132			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/67 Rpt: 60/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/16/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9 Employer (See Instructions			
Ŭ	i illopai occa	pation / oob title (oce monactions)	2 Employer (See Managaria	,		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ The American Electric Power Co. Comm. for Re: Contributor address; City; State; Zip Code  Austin, TX 78701	•		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/17/2024	Full name of contributor X out-of-state PAC (ID#: C The Boeing Company PAC Contributor address; City; State; Zip Code	000142711 )		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Arlington , VA 22202 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/27/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/04/2024	Full name of contributor x out-of-state PAC (ID#: C The Cigna Group Employee PAC  Contributor address; City; State; Zip Code  Philadelphia, PA 19192	000085316		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		l				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 58/67 Rpt: 61/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 12/11/2024	12/11/2024 The Storage Place  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Corpus Christi , TX 78412 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: The US Oncology Network PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
		The Woodlands, TX 77380					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Touchstone Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00	
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	'						
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Townsend , Amy  Contributor address; City; State; Zip Code  Bridge City , TX 77611			Amount of Contribution (\$)	\$400.00	
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions Magnolia Direct Primary		are		
	Date 09/24/2024	Full name of contributor x out-of-state PAC (ID#: C Toyota Motor North America, Inc PAC. Toyota/l Contributor address; City; State; Zip Code  Washington, DC 20004	Lexus PAC		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
		l					

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this forn	n.	1 Total pages Schedule A1: Sch: 59/67 Rpt: 62/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3 Filer ID (Ethics Commiss 00041354	ion Filers)	
4	Date 12/14/2024	Treese, Bill  6 Contributor address; City; State; Zip	of-state PAC (ID#:	,	7 Amount of Contribution (\$)	\$1,500.00	
8	Principal occu CEO Founde	Henderson, NV 89052 pation / Job title (See Instructions)		Employer (See Instructions) Behavioral Health Solution			
	Date 12/14/2024	Full name of contributor out- Treese, Bill  Contributor address; City; State; Zip  Henderson, NV 89052	of-state PAC (ID#:	)	Amount of Contribution (\$)	\$1,500.00	
	Principal occu CEO Founde	pation / Job title (See Instructions)		Employer (See Instructions) Behavioral Health Solution			
	Date 08/21/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Potomac, MD 20854 pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Co-Owner	,		Total Wine & More			
	Date 10/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Executive	pation / Job title (See Instructions) President		Employer (See Instructions) Mustang Cat			
	Date 11/18/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:		Amount of Contribution (\$)	\$10,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/67 Rpt: 63/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 10/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00	
_		El Paso, TX 79912					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Intellimedicine, PA	)			
	Date 12/03/2024	Full name of contributor X out-of-state PAC (ID#: COUR) UCB, Inc. Political Action Committee  Contributor address; City; State; Zip Code	00571141 )		Amount of Contribution (\$)	\$500.00	
	Principal occu	Sausalito, CA 94965 pation / Job title (See Instructions)	Employer (See Instructions	)			
				,			
	Date 09/27/2024	Full name of contributor X out-of-state PAC (ID#: COUPSPAC United Parcel Service PAC  Contributor address; City; State; Zip Code	(00064756		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Washington , DC 20003 pation / Job title (See Instructions)	Employer (See Instructions	)			
		, , , , , , , , , , , , , , , , , , , ,		,			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: USAA Employee PAC (United Services Autom Contributor address; City; State; Zip Code  San Antonio, TX 78288-0453	•		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Union Pacific Corporation Fund For Effective Go Contributor address; City; State; Zip Code  Washington, DC 20005			Amount of Contribution (\$)	\$3,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	)NS		SCHEDUI	_E <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	1 Total pages Schedule A1: Sch: 61/67 Rpt: 64/144			
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)		
4	Date 08/12/2024	5 Full name of contributor UnitedHealth Group PAC 6 Contributor address; City; Sta	x out-of-state PAC (ID#: C	)	7	Amount of Contribution (\$)	\$2,000.00		
_		Washington, DC 20004			L				
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	;) 				
	Date 10/28/2024	Full name of contributor University of Houston Polit Contributor address; City; Sta Houston, TX 77046		)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)				
	Date 10/14/2024	Full name of contributor Urrea, Luis (Dr.)  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$250.00		
		El Paso , TX 79922							
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions El Paso Orthopedic Surç		у			
	Date Full name of contributor x out-of-state PAC (ID#: C00493502 )  09/18/2024 VSP Holding Company Inc. PAC  Contributor address; City; State; Zip Code  Ranch Cordova, CA 95670		:00493502 )		Amount of Contribution (\$)	\$3,000.00			
	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Date 11/21/2024	Full name of contributor  Valero Political Action Com  Contributor address; City; Sta  San Antonio , TX 78269				Amount of Contribution (\$)	\$1,500.00		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Sc Sch: 62/67 R		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3 Filer ID (Ethic	cs Commissio	on Filers)
4	Date 10/21/2024	<ul><li>5 Full name of contributor</li><li>Velicu, Diana Beatrix</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7 Amount of Con	tribution (\$)	\$500.00
		Dallas, TX 75204					
8	Principal occu Orthodontist	pation / Job title (See Instructions	s) 	Employer (See Instructions     Southern Society Orthogonal			
	Date 11/14/2024	Full name of contributor  Verizon Communication I  Contributor address; City; S  AUSTIN , TX 78701		Club - Texas	Amount of Con	tribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 11/07/2024	Full name of contributor  Veterinarian Political Action  Contributor address; City; S			Amount of Con	tribution (\$)	\$500.00
	Principal occu	Austin, TX 78754 pation / Job title (See Instructions	s)	Employer (See Instructions	ls)		
	Date 10/15/2024	Full name of contributor Victores, Andrew Contributor address; City; S		)	Amount of Con	tribution (\$)	\$500.00
	Principal occu Doctor	Beaumont , TX 77707 pation / Job title (See Instructions	s)	Employer (See Instructions Southeast Texas Ear, N	,		
	Date 10/15/2024	Full name of contributor Victores, Ruben Contributor address; City; S Beaumont , TX 77706	out-of-state PAC (ID#:_	)	Amount of Con	tribution (\$)	\$500.00
	Principal occu Doctor	pation / Job title (See Instructions	s)	Employer (See Instructions Southeast Texas OB?G		'A	

	MONEI	ARY POLITICAL CO	INIRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 63/67 Rpt: 66/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/10/2024	<ul><li>5 Full name of contributor Villarreal, Diana</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78258					
8		pation / Job title (See Instructions)	9	1 7 (			
	Orthodontist			Tot to Teens Orthodontis	st		
	Date 10/07/2024	Full name of contributor X Vistra Employee Political Acti Contributor address; City; State;				Amount of Contribution (\$)	\$1,000.00
		Irving, TX 75039-2479					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/10/2024	Vivek, Rao (Dr.)  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Dringing Lagor	Odessa, TX 79765	1	Franks von (Coo Instructions			
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	)		
	Date 12/02/2024	Full name of contributor X WALPAC Walmart Inc. PAC Contributor address; City; State;		vernment		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Bentonville, AR 72716 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Data	Full name of country .		20002054		Associated of Containing (1)	
	Date Full name of contributor			Amount of Contribution (\$)	\$2,000.00		
		Bentonville, AR 72716	·				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 64/67 Rpt: 67/144	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)				00041354	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/02/2024					\$5,000.00	
		6 Contributor address; City; Sta	ate; Zip Code				
		SAN ANTONIO, TX 78209					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	<b>(</b> )		
	Lawyer			Self Employed	_		
	Date		x out-of-state PAC (ID#: C	(200160770)		Amount of Contribution (\$)	ф1 F00 00
	11/26/2024 Walgreen Co. PAC (WalgreensPAC)  Contributor address; City; State; Zip Code				\$1,500.00		
		Contributor address; City; Sta	ate; Zip Code				
		Washington , DC 20005-4	764				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
		,		, . <b>,</b> . (	,		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)		
	10/23/2024	Warner, Jr., Frederic C.					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Houston, TX 77019-6436					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
		nment Relations Officer		Memorial Hermann Hea		are System	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2024	Weekley, Richard W.				(.,	\$5,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	.) [		
	Chairman &			Texans for Lawsuit Refo			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/23/2024	Wehmeyer, Blake	out of state 1 Me (ID#			, another of Contribution (¢)	\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Pinehurst, TX 77362	1				
		pation / Job title (See Instructions)		Employer (See Instructions	<b>(</b> )		
	President			Boyer, Inc			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/67 Rpt: 68/144	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/02/2024	<ul><li>5 Full name of contributor [ Wells Fargo &amp; Co. Employe</li><li>6 Contributor address; City; Sta</li></ul>		00034595 )	7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20006-38	17				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<b>(</b> )		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Weltge, Ario (Dr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Bellaire, TX 77401	1				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions University Texas Health			
Date Full name of contributor out-of-state PAC (ID#:  12/04/2024 Wholesale Beer Distributors Of Texas Political Action  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00		
		Austin, TX 78701-0000	1				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Widmer, Andrew (Dr.) Contributor address; City; Sta Belton, TX 76513		)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White	<u> </u>		
	Date 10/11/2024	Full name of contributor Wilson, Jr., Welcome Contributor address; City; Sta Houston , TX 77057				Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Real Estate	LAGUUIIVE		Welcome Group, LLC			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 66/67 Rpt: 69/144		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)	
4	10/22/2024 Wolff Investments, David S.  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00				
8	Dringinal occu	Houston, TX 77027 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Employer (See Instructions	·/			
		/ Chairman, President	,		Wolff Companies	•)			
	Date 12/10/2024	Full name of contributor YEAGER, TIMOTHY Contributor address; City; St					Amount of Contribution (\$)	\$3,000.00	
		CLOVIS, CA 93619							
	Principal occupation / Job title (See Instructions)  CHIEF FINANCIAL OFFICER  Employer (See Instructions)  CENTRIA HEALTHCAR								
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00				
	Dringing! goog	Austin , TX 78701 pation / Job title (See Instructions	<b>.</b>		Employer (Coo Instructions	<u></u>			
	Attorney	pation / Job title (See Instructions	)		Employer (See Instructions Self Employeed	»)			
	Date 10/17/2024	Full name of contributor Zarrabi, Maggie (Dr.) Contributor address; City; St Irving , TX 75038					Amount of Contribution (\$)	\$1,500.00	
	Principal occu Dentist	pation / Job title (See Instructions	)		Employer (See Instructions Rodeo Dental and Ortho		tics		
	Date 10/15/2024	Full name of contributor Zarrabi, Saam Contributor address; City; St Dallas, TX 75201	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$3,500.00	
	Principal occu Dentist	pation / Job title (See Instructions	)		Employer (See Instructions Self — Saam Zarrabi, D				

	MONET	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 67/67 Rpt: 70/144
2	FILER NAME Kolkhorst, L	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Zeid, Yasser  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.0	
		Tyler, TX 75711		
8	Principal occu Doctor	upation / Job title (See Instructions)	9 Employer (See Instruction Pelvic Health Center	ns)
	Date 12/10/2024	Full name of contributor X out-of-state PAC (ID#:_ Zeneca Inc. PAC Contributor address; City; State; Zip Code Wilmington , DE 19850-5437	C00279455 )	Amount of Contribution (\$) \$2,500.0
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 71/144 FILER NAME 3 Filer ID (Ethics Commission Filers) Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/18/2024 Callas, Ray \$5,313.45 | Hosted Fundraising Event 7 Contributor address; City; State; Zip Code Beaumont, TX 77706 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Baptist Hospitals of Southeast Texas 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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	lete this for	m.		
1	Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)
L	Sch: 1/50 Rpt: 72/144	Kolkhorst, Lois W. (The Honorable)			00041354	
4	Date 12/17/2024	5 Payee name Academy Sports & Outdoors				
6	Amount (\$) \$124.49	7 Payee address; City; State; Zip Code 1041 Nolan Street				
		Brenham , TX 77835				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check	if travel outsi if Austin, TX,	de of Texas. Com officeholder living as Raffle Gif	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office h	eld
	Date	Payee name				
	11/22/2024	Ace Hardware Brenham				
	Amount (\$) \$4.09	Payee address; City; State; Zip Code 307 N. Austin Pkwy				
		Brenham, TX 77833				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check	if travel outsi if Austin, TX,	de of Texas. Com officeholder living DR NEW OF	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	:		Office he	eld
	Date 12/26/2024	Payee name Advertising Mail Corporation, Inc. dba Admail				
	Amount (\$) \$3,328.16	Payee address; City; State; Zip Code 427 Dellwood St.				
		Bryan, TX 77801				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b)	Check	if travel outsi	officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld

## SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 2/50 Rpt: 73/144	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	08/13/2024	Alphagraphics
6	Amount (\$) \$834.07	7 Payee address; City; State; Zip Code 2023 S. Texas Avenue  Bryan, TX 77802
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  "Not at State Expense" Notecard and Envelope
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/17/2024	Alphagraphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,560.14	2023 S. Texas Avenue  Bryan, TX 77802
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Christmas Cards
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	Anedot Inc.
	Amount (\$) \$1.30	Payee address; City; State; Zip Code 1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees Assessed For One Online Donation Made to Campaign Website on 08.13.2024
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/50 Rpt: 74/144	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	09/05/2024	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LA LIGHTORE	Check if Austin, TX, officeholder living expense
		Fees Assessed For One Online Donation Made to Campaign Website on 09.03.2024
		Campaign Website on 03.03.2024
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	10/01/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$60.60	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fees Assessed for One Online Donation Made to Campaign Website on 09.27.2024
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	
	Date	Payee name
	10/11/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.90	1920 McKinney Avenue, 7th Floor
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees Assessed For Online Donation Made to
		Campaign Website 10.09.2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:		Filers)			
	Sch: 4/50 Rpt: 75/144		,			
4	Date	5 Payee name				
	10/16/2024	Anedot Inc.				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$281.50	1920 McKinney Avenue, 7th Floor				
		Dallas, TX 75201				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Fees Assessed For Online Donations Made to	<b>1</b>			
		Campaign Website on 10.11.2024				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
3	expenditure to benefit C/O					
_	Data					
	Date	Payee name Anedot Inc.				
	10/17/2024					
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.30	1920 McKinney Avenue, 7th Floor				
		Dallas, TX 75201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense			
		Fees Assessed for Online Donation Made to Campaign Website on 10.13.2024				
	Commiste ONLY if divest	l i i i				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH				
	Date	Payee name				
	10/17/2024	Anedot Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$450.50	1920 McKinney Avenue, 7th Floor				
		Dallas, TX 75201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Fees Assessed For Online Donations Made to Campaign Website on 10.15.2024	)			
		<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experientare to benefit 6/61					

#### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not	listed above)
1	Total pages Schedule F1:					3 Filer ID (Ethics Co	ommission Filers)
L	Sch: 5/50 Rpt: 76/144	Kolkhorst,	Lois W. (The Honorable)			00041354	
4	Date	5 Payee name	e				
	10/21/2024	Anedot Inc	<b>.</b> .				
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Coo	le		
	\$592.40	1920 McKi	inney Avenue, 7th Floor				
L		Dallas, TX	75201				
8	PURPOSE	(a) Category (	See Categories listed at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE	Fees				outside of Texas. Complete Schedul	le T.
					ш	n, TX, officeholder living expense ed For Online Donations	Made to
						ebsite on 10.17.2024	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office soug	ht	Office held	
	expenditure to benefit C/Oł						
	Date	Payee name					
	10/21/2024	Anedot Inc	). 				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Coo	le		
	\$210.60	1920 McKi	inney Avenue, 7th Floor				
		Dallas, TX	75201				
	PURPOSE OF	(a) Category (	See Categories listed at the top of this scl	hedule)	(b) Description		
	EXPENDITURE	Fees			<u> </u>	outside of Texas. Complete Schedul n, TX, officeholder living expense	le T.
						ed For Online Donations	s Made to
					Campaign W	ebsite on 10.21.2024	
	Complete ONLY if direct		ficeholder name	Office soug	ht	Office held	
	expenditure to benefit C/OI	4					
	Date	Payee name	<del></del> e				
	10/25/2024	Anedot Inc	<b>.</b>				
	Amount (\$)	Payee addr	ess; City; State	; Zip Coo	le		
	\$24.60	1920 McKi	inney Avenue, 7th Floor				
		Dallas, TX	75201				
	PURPOSE	(a) Category (	See Categories listed at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE	Fees			ш	outside of Texas. Complete Schedul	le T.
						n, TX, officeholder living expense sed For Online Donations	s Made to the
						ebsite on 10.23.2024	inducto the
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office soug	ht	Office held	
	expenditure to benefit C/O		· · · · · · · · · · · · · · · · · · ·	,			

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair		pense ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed	d above)
1	Total pages Schedule F1:					3 Filer ID (Ethics Comm	nission Filers)
L	Sch: 6/50 Rpt: 77/144	Kolkhorst	, Lois W. (The Honorable)			00041354	
4	Date	5 Payee nan	ne				
	11/04/2024	Anedot In	ic.				
6	Amount (\$)	<b>7</b> Payee add	lress; City; Sta	te; Zip Cod	de		
	\$23.60	1920 Mck	Kinney Avenue, 7th Floor				
		Dallas, T	X 75201				
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Fees	ζ	,		outside of Texas. Complete Schedule T.	
	EXI ENDITORE					, TX, officeholder living expense	do to
						ed for Online Donations Ma ebsite on 10.30.2024	เนษ เป
9	Complete ONLY if direct	Candidate/C	Officeholder name	Office soud		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Onice sou(	Jiii.	Office field	
	Date	Payee nan	ne				
	11/14/2024	Anedot In	C.				
	Amount (\$)	Payee add	lress; City; Sta	te; Zip Cod	de		
	\$20.30	1920 Mck	Kinney Avenue, 7th Floor				
		Dallas, T	X 75201				
	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Fees	·		<u> </u>	outside of Texas. Complete Schedule T.	
	ZA ZABITORZ				ш	, TX, officeholder living expense	ada ta
						ed For Online Donations M ebsite o 11.12.2024	aut iU
_	Complete ONLY if direct	Candidate/C	Officeholder name	Office soug	· •	Office held	
	expenditure to benefit C/O		AMOCHOIGE HAITIE	Onice Soul	,,,,,	Onice held	
$\vdash$	Data	Doving in the					
	Date 12/10/2024	Payee nan					
		Anedot In			J -		
	Amount (\$)	Payee add	•	te; Zip Cod	ae		
	\$20.30	1920 MCF	Kinney Avenue, 7th Floor				
		Dallas, T	X 75201				
	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Fees				outside of Texas. Complete Schedule T.	
	<b></b>					ı, TX, officeholder living expense ed For Online Donations M	ade to
						ebsite on 12.10.2024	aue iU
	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	nht	Office held	
	expenditure to benefit C/O		conordor namo	Cinoc sout	g. · · ·	Cilioo ficia	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 7/50 Rpt: 78/144	2 FILER NAME  Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00041354
_	·	
4	Date	5 Payee name
	12/24/2024	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$940.50	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
Ļ		T
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fees Assessed For Online Donations made to
		Campaign Website during the month of December
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	12/05/2024	Ann Street Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.80	107 West Commerce
	Ψ-12.00	101 West Commerce
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel Legislative Workshop in Brenham 11-18-2024
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Oi	
	Date	Payee name
	12/05/2024	Ant Street Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.80	107 West Commerce Street
	Ψ-12.00	101 West commerce street
		B
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Hotel for Workshop in Brenham 11-18-2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/50 Rpt: 79/144	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/05/2024	Ant Street Inn
6	Amount (\$) \$42.80	7 Payee address; City; State; Zip Code 107 West Commerce Street
		Brenham, TX 77833
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel for Legislative Workshop in Brenham for 11-  18-2024
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	Ant Street Inn
	Amount (\$) \$53.50	Payee address; City; State; Zip Code  107 West Commerce Street
		Brenham, TX 77833
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel for Legislative Workshop in Brenham 11-18- 2024
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	Ant Street Inn
	Amount (\$) \$42.80	Payee address; City; State; Zip Code  107 West Commerce Street
		Brenham, TX 77833
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel for Legislative Workshop in Brenham 11-18- 2024
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/50 Rpt: 80/144	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/26/2024	Bellville Chamber Of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	742 W. Main
		Bellville, TX 77418
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership Dues
		Membership Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	
	Date	Payee name
	12/17/2024	Berger, Becky
	Amount (\$)	
	\$1,000.00	349 Private Road
		Schulenburg, TX 78956
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation - ABC's Leadership
		Bollation ABC 3 Ecadership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso name
	12/17/2024	Payee name Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$35,610.00	1 E. Greenway Plaza
		Suite 225
		Houston, TX 77046-0106
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising Fee
		T unutuising T CC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

Candidate/Officenoider/Poli Credit Card Payment	cal Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule Fi	Z FILER NAME Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/10/2024	5 Payee name Blue Bell Creameries Country Store
6 Amount (\$) \$162.3	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Gift for Senate Christmas Party Raffle
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date 10/29/2024	Payee name Bristle Manor
Amount (\$) \$25.00	Payee address; City; State; Zip Code 5801 FM 726  Richmond, TX 77406
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fort Bend County Mayor and Council Association Meeting
Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date 12/18/2024	Payee name Buck, Sally
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4527 North Lamar Blvd
	Austin , TX 78751
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Christmas Bonus
Complete ONLY if direct expenditure to benefit C	Candidate/Officeholder name Office sought Office held OH

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/26/2024	Burleson County Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	301 N. Main Street
		Caldwell, TX 77836
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/27/2024	Burleson County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	8401 Private Road
		Milano , TX 76556
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	09/27/2024	Calhoun County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2025 State Hwy 35
		Port Lavaca, TX 77979
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/06/2024	Capitol Commission Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	c/o Scot Wall
		12302 Marshall Dr.
		Magnolia, TX 77354
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Donation
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Caroline Harris Davila Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 700
		Round Rock, TX 78680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Davies same
	08/13/2024	Payee name Central Fort Bend Chamber of Commerce
	Amount (\$) \$355.00	Payee address; City; State; Zip Code 4120 Avenue H
	<b>განა.</b> 00	4120 Averlue n
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY 'f allers or	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/50 Rpt: Kolkhorst, Lois W. (The Honorable) 00041354 4 Date Payee name 07/16/2024 Chapa, Samantha 6 Amount (\$) Payee address; State; Zip Code \$2,000.00 10593 Lake Palmetto Drive Conroe, TX 77385 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Campaign Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/18/2024 Chapa, Samantha Amount (\$) Payee address; City; State; Zip Code \$750.00 10593 Lake Palmetto Drive Conroe, TX 77385 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Christmas Bonus Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2024 Chappell Hill Chamber of Commerce Amount (\$) Payee address: City: State; Zip Code \$42.00 P. O. Box 113 9000 Hwy 290 East Chappell Hill, TX 77426 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Chamber Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memor Legal Services	•		/ages	/Contract Labor		Travel Out of OTHER (ente	District r a category not listed a	bove)
Ļ		-		The Instruction	Guiue expiains	HOW IO CO	mpie	te uns ioim.	_		<del></del>	, .
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 14/50 Rpt:		Kolkhorst, L	ois W. (The F	Honorable)					00041354	4	
4	Date	5	Payee name									
	11/06/2024		Chase Card	l Services								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$3,011.80		Cardmembe	er Service								
			P. O. Box 1	5123								
			Wilmington									
8	PURPOSE	(a)				1	(h)	Description				
0	OF	الما	Credit Card	ee Categories listed	at the top of this scl	hedule)	(D)		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Cicuit Calu	i ayını <del>c</del> ını				Check if Austin,			•	
										dit Card Bi	II for Credit Car	d
								Expenditures	i			
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	12/30/2024		Chase Card	l Services								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$4,173.63		Cardmembe	er Service								
			P. O. Box 15123									
			Wilmington	, DE 19850								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Credit Card					<b>=</b>			omplete Schedule T.	
								Check if Austin,				ncoc
								rayını <del>c</del> ını in C	ıea	n caru ior	Campaign Expe	5115 <del>6</del> 5
H	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	abt			Office	held	
	expenditure to benefit C/O		Janaraats/OIII	consider name	· ·	omoc sou	9111			Office	noiu	
<b>—</b>	Date		Payee name									
	12/03/2024		Chick-Fil-A	Brenham								
_		$\vdash$	Payee addre		State	e; Zip Co	dь					
	Amount (\$) \$119.67		•	ss; City; WY 290 East	Siale	-, ∠ıμ C0	ue					
	ФТТЭ.07		1101 02 U	IV I ZOU East								
			Brenham, T	X 77833								
_	PURPOSE	(a)		ee Categories listed			(h)	Description				
	OF	(")	,	ee Categories listed age Expense	•	neaule)	(2)	:	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		. God/Devel	ago Expense				Check if Austin,				
								lunch staff w	ork	shop		
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/O	Н										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	09/30/2024	Embassy Records Management & Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.24	P.O. Box 5449
		Bryan, TX 77805
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Shredding of Paper
		Silicuting of Laper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	07/16/2024	Fischer, Andrea
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	9858 Friendship Circle
	. ,	'
		Burton , TX 77835
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
		Contract Labor Campaign Convices
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/18/2024	Fischer , Andrea
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	9858 Friendship Circle
	. ,	'
		Burton , TX 77835
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Christmas Bonus
		Cilistilas dollas
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/18/2024	Fischer , Andrea
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	9858 Friendship Circle
		Burton , TX 77835
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor Campaign Services Christmas Card
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/29/2024	Fort Bend Buyers Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 19742
		Sugar Land, TX 77496-9742
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/12/2024	Fort Bend Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	445 Commerce Green Blvd.
		Sugar Land , TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense.  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		17th Annual State of the Schools
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/O	,

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	a category not listed above)		
Credit Card Payment				The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 17/50 Rpt:		Kolkhorst, L	ois W. (The Ho	norable)					00041354			
4	Date	5	Payee name						_				
	08/13/2024			hamber of Com	nmerce								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$350.00		445 Comme	erce Green Blvd	l.								
			Sugar Land	, TX 77478									
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description					
	OF EXPENDITURE		Fees			,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE							_		officeholder livin	ig expense		
								Membership	Du	es			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	ield		
		_											
	Date		Payee name										
	10/24/2024		Fort Bend C	hamber of Com	nmerce								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$35.00		445 Comme	erce Green Blvd	l.								
			Sugar Land	, TX 77478									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description					
	OF EXPENDITURE		Fees					<b>=</b>			nplete Schedule T.		
			<b> </b>						n, TX, officeholder living expense e Progress and Future Development				
								meeting		ogress and	Tuture Development		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	eld		
	expenditure to benefit C/O		Jan 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	oonorder name	0.		9			000			
-	Date	Т	Payoo namo										
	11/06/2024		Payee name Fort Bend R	epublican Party	,								
	Amount (\$)	┝	Payee addres			Zip Co	do						
	\$2,500.00		Doug White	ss, City,	Siale,	Zip Co	ue						
	Ψ2,300.00		•	, Moy Court									
			5423 Ashley Way Court										
			Sugar Land										
	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(b)	Description	outoi	do of Toyon Con	mploto Sobodulo T		
	EXPENDITURE		Event Exper	nse				브		officeholder livin	nplete Schedule T. na expense		
								Donation			3 - 1		
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
ı													

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	10/24/2024	Fort Bend Republican Women's Club PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	c/o Lori Townsend
		26 Charleston Street North
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly Meeting
		Worlding Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	07/16/2024	Gibson, Paula
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2222 Mossy Glen Court
		Richmond , TX 77406
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Ч
	Date	Payee name
	12/18/2024	Gibson, Paula
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2222 Mossy Glen Court
		Richmond , TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Christmas Bonus
		Gillistinas Bonds
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/50 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00041354
4	Date 08/13/2024	5 Payee name Gonzales Chamber Of Commerce & Agriculture
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 304 Saint Louis St.  Gonzales, TX 78629
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/29/2024	Payee name Greater Houston Council of Federated Republican Women
	Amount (\$) \$500.00	Payee address; City; State; Zip Code Lois Gremminger, Treasurer 9741 Katy Freeway, #272 Houston, TX 77024
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/17/2024	Payee name Greater Schulenburg Chamber of Commerce
	Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 65 618 North Main St. Schulenburg, TX 78956
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/03/2024	Greater Sealy Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.00	309 Main /street
		Sealy, TX 77474
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Gruning, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$666.66	6636 W. William Cannon Dr., Apt. 933
		Austin , TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/03/2024	H. E. B. Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.41	2508 S. Day St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Soda's, Water, Coffee for Meetings
		Jour 3, wrater, conce for wicethings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
•	Sch: 21/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	,
4	Date	5 Payee name	
	11/22/2024	H. E. B. Brenham	
6	Amount (\$) \$69.78	7 Payee address; City; State; Zip Code 2508 S. Day St.  Brenham, TX 77833	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense Reimbursement for snacks and drinks for staff workshop.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/27/2024	Harris County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	8588 Katy Freeway, Suite 445	
	BUBBOSE	Houston , TX 77024	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/18/2024	Heare, Ryan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	6001 South Congress Avenue	
		Apt. 1131	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	LA LIBITORE	Check if Austin, TX, officeholder living expense	
		Christmas Bonus	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 22/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354	
4	Date	5 Payee name	
	12/18/2024	Heare, Ryan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$107.28	6001 South Congress Avenue	
		Apt. 1131	
_	DUDDOGE	Austin, TX 78745	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Mileage Reimbursement for staff Legislative Workshop in Brenham 11-18-2024	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/14/2024	Home Depot Brenham	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$819.46	2801 Wood Ridge Blvd.	
		Brenham , TX 77833	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Moving Boxes, Package Tape and Packing Paper	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/01/2024	Home Depot Brenham	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$126.69	2801 Wood Ridge Blvd.	
		Brenham , TX 77833	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Additional Packing Supplies for moving; boxes, tap	e
		and packing paper	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		ung Expe aries/Wag	es/Contract	t Labor		OTHER (enter		listed above)	
Credit Card F dyment				The Instruction G	uide explains how t	to com	olete this	form.					
1	Total pages Schedule F1:	2	FILER NAME					;	3	Filer ID	(Ethics C	ommission Filers)	
	Sch: 23/50 Rpt:		Kolkhorst, L	ois W. (The Ho	norable)					00041354			
4	Date	5	Payee name					•					
	09/27/2024		K K Janitoria	al, LLC									
6	Amount (\$)	7	Payee addres	ss; City;	State; Ziņ	Code	<u> </u>						
ľ	\$378.88		3023 Indust		Otato,p		•						
	40.0.00		0020	2.70									
			Drophom T	V 77022									
		ļ.,	Brenham , 1			1	_						
8	PURPOSE OF	(a)			the top of this schedule)	(k	Descr	•					
	EXPENDITURE		Office Overl	nead/Rental Ex	pense					de of Texas. Cor officeholder livin		ile I.	
							$\Box$			office space		novina in	
								J				3	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t			Office h	eld		
	expenditure to benefit C/O	Н				Ū							
_	Date	Т	Payee name										
	12/30/2024		Kolkhorst , L	ois									
_	Amount (\$)	┝	Payee addres		State; Zir	Code	<u> </u>						
	\$973.68		5505 Spree		State, Zip	Couc	•						
	Ψ313.00		JJOJ Spice	Trodu									
			Dronhom T	V 77022									
		<u> </u>	Brenham , 1			1							
	PURPOSE OF	(a)			the top of this schedule)	(1	Descr	•	utoic	do of Toyon Cor	anlata Cahadi	ulo T	
	EXPENDITURE		Traver in District						heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense				
							Milea	Mileage Reimbursement for October, November and					
							Dece	mber					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date	Π	Payee name										
	11/01/2024		Kolkhorst, L	ois W.									
	Amount (\$)		Payee addres		State; Ziņ	Code	<u> </u>						
	\$662.22		5505 Spree	-									
			Brenham, T	X 77833									
	PURPOSE	(0)				10	N D						
	OF	(a)	Travel In Di		he top of this schedule)	1,,	Descri Che		utsio	de of Texas. Cor	nplete Schedu	ıle T.	
	EXPENDITURE		Havel III Di	Strict						officeholder livin			
										sement for	July, Aug	just and	
							Septe	ember 20	24				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t			Office h	eld		
	expenditure to benefit C/OI	Н											
ı													

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)			
Ļ		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:		3	Filer ID	(Ethics Commission Filers)	
	Sch: 24/50 Rpt:	Kolkhorst, Lois W. (The Honorable)		00041354		
4	Date	5 Payee name				
	07/09/2024	Kwik Kopy Business Center				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$22.14	2305 S. Day St.  Brenham, TX 77833				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 663			nplete Schedule T.	
		🖳		, officeholder livin	g expense	
		Mailing to Co	nsı	ituents		
L						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld	
L	oxportantare to benefit 6/6.					
	Date	Payee name				
	08/13/2024	Kwik Kopy Business Center				
Г	Amount (\$)	Payee address; City; State; Zip Code				
	\$42.83	2305 S. Day St.				
		·				
		Brenham, TX 77833				
⊢	PURPOSE	(6) 6				
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel	nute	ide of Tevas Con	plete Schedule T.	
	EXPENDITURE	1 663		, officeholder living		
		Mailings to C	Constituents			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/O	v				
⊨	Data	Davis asias				
	Date	Payee name				
	09/12/2024	Kwik Kopy Business Center				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$96.15	2305 S. Day St.				
		Brenham, TX 77833				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE			, officeholder living	g expense	
		Mailing to Co	nsi	ituents		
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
1	expenditure to benefit C/O					
Г						
l						

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense		ages.	/Contract Labor		Travel Out of OTHER (ente	District r a category not I	isted above)
_	Total pages Cab - dula E4	1	EII ED NIANTE		a.a.o oxpiamo			1	_	File: ID	(Ethic - O	mmission File
	Total pages Schedule F1:				Hamanal I.A				3		•	mmission Filers)
	Sch: 25/50 Rpt:		Koiknorst, L	ois W. (The	Honorable)				<u> </u>	00041354	ļ 	
4	Date	5	Payee name									
	10/03/2024		Kwik Kopy	Business Cer	nter							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$52.75		2305 S. Da			•						
	<del>+3</del> 2.10		J. J.	,								
			Dronbon T	V 77000								
		_	Brenham, T	∧ 11033		<del></del>						
8	PURPOSE OF	(a)	•	ee Categories listed	at the top of this sch	hedule)	(b)	Description				_
	EXPENDITURE		Fees					Check if travel of Check if Austin,			omplete Schedule	е Т.
								Mailings to co			ing expense	
								amigs to to	دا ار	ataonto		
<u>_</u>	Complete ONLY if direct	Ц	Condidate /Off	oobolder	<u> </u>	Office servi	ah+			Office -	hold	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januidate/Offi	ceholder name	; (	Office sou	ynt			Office	neia	
		_										
	Date		Payee name									
	10/15/2024		Kwik Kopy	Business Cer	nter							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$19.84		2305 S. Da	y St.								
			•									
			Brenham, T	X 77833								
_	DUDDOCE	10				Т	(l-)	5 1 2				
	PURPOSE OF	<sup>(a)</sup>	•	ee Categories listed	I at the top of this sch	hedule)	(a)	Description  Check if travel (	nutei	de of Tevas	omplete Schedule	ъ Т
	EXPENDITURE		Fees					Check if travel of Check if Austin,				ē 1.
								Mailings to Co			O - 1	
								J				
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	Office sou	aht			Office	held	
	expenditure to benefit C/O		Carialadio OIII	Janoidoi nam		oc oou(	9,11			Jilloc		
$\vdash$	Data	_										
	Date		Payee name	<b>.</b> <del>.</del>								
	10/24/2024		Kwik Kopy	Business Cer								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$43.51		2305 S. Da	y St.								
			Brenham, T	X 77833								
	PURPOSE	(a)	Category (c.	ee Categories listes	I at the top of this sch	hedule)	(b)	Description				
	OF	` <i>`</i>	Fees	oo caacyones iistet	actine top of this SCI	ilicuui <del>c</del> )	,	•	outsi	de of Texas. C	omplete Schedule	е Т.
	EXPENDITURE							Check if Austin,	, TX,	officeholder liv	ing expense	
								Membership	Du	es		
	Complete ONLY if direct		Candidate/Offi	ceholder name	) (	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
	Sch: 26/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354	•
4	Date	5 Payee name	
	09/04/2024	Leadership Montgomery County	
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 505 West Davis  Conroe, TX 77301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Membership Dues	dule T.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/03/2024	Magnolia Republican Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	18640 FM 1488	
		Ste. A-194	
		Magnolia, TX 77354	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Sche	dule T.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	07/16/2024	McCarty, Betty	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 7703 FM 332	
		Brenham , TX 77833	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Contract Labor Campaign Services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/29/2024	McCarty, Betty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	7703 FM 332
		Brenham , TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
		Contract East Campaign Corvices
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/18/2024	McLoughlin, Grant
┝		
	Amount (\$) \$1,800.00	
	\$1,000.00	916 Fenway Park Court
		Round Rock , TX 78665
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Christmas Bonus
		Cilistinas Bonus
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>y</b>
F	Date	Payee name
	12/18/2024	Metteauer, Maureen
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	602 Harthan St.
	<b>+-,</b>	
		Austin , TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Christmas Ropus
		Christmas Bonus
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
L		

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/50 Rpt: Kolkhorst, Lois W. (The Honorable) 00041354 4 Date Payee name 12/18/2024 Metteauer, Maureen 6 Amount (\$) Payee address; City; State; Zip Code \$107.28 602 Harthan St. Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Mileage Reimbursement for Legislative workshop in Brenham 11-18-2024 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2024 Montgomery County Republican Women Amount (\$) Payee address; City; State; Zip Code \$1,000.00 18001 HWY 105 West Suite 101 Montgomery, TX 77356 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/03/2024 Moore, Kim Amount (\$) Payee address: City: State; Zip Code \$1.000.00 112 Andover Street Victoria, TX 77904 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Campaign Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

Ci	redit Card Payment		The Instruction Guide explains how to o	ompl	ete this form.			
<b>1</b> Tot	tal pages Schedule F1:	2	FILER NAME		3	F	iler ID	(Ethics Commission Filers)
	Sch: 29/50 Rpt:		Kolkhorst, Lois W. (The Honorable)			C	00041354	
<b>4</b> Da	te	5	Payee name		•			
12	/18/2024		Moore , Kim					
<b>6</b> Am	nount (\$)	7	Payee address; City; State; Zip C	Code				
	\$500.00		112 Andover Street					
			Victoria , TX 77904					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	``	Salaries/Wages/Contract Labor	'	Check if travel outs	side	of Texas. Com	plete Schedule T.
E	XPENDITURE		J		Check if Austin, TX		fficeholder living	expense
					Christmas Bonu	JS		
	mplete <u>ONLY</u> if direct penditure to benefit C/OI		Candidate/Officeholder name Office so	ought			Office he	eld
	serialitate to beliefit 6/01	''						
Da	te		Payee name					
10	/09/2024		Moulton Chamber of Commerce and Agricultu	ıre				
Am	nount (\$)		Payee address; City; State; Zip C	Code				
	\$75.00		P.O. Box 482					
			Mouton, TX 77975					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
_	OF	` <i>`</i>	Fees	`´	Check if travel outs	side	of Texas. Com	plete Schedule T.
E.	XPENDITURE				Check if Austin, TX			expense
					Membership Du	ıes	5	
				<u> </u>				
	mplete <u>ONLY</u> if direct penditure to benefit C/OI		Candidate/Officeholder name Office so	ought			Office he	eld
Da			Payee name					
11	/19/2024		Must Be Heaven					
Am	nount (\$)		Payee address; City; State; Zip C	Code				
	\$156.96		107 W. Alamo St.					
			Brenham, TX 77833					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
_	OF	``	Food/Beverage Expense	'	Check if travel outs	side	of Texas. Com	plete Schedule T.
E	XPENDITURE				Check if Austin, TX			expense
					Lunch for Staff \	W	orkshop	
	mplete <u>ONLY</u> if direct penditure to benefit C/OI		Candidate/Officeholder name Office so	ought			Office he	eld
ext	ochaitare to beliefft C/O	11						

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 30/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/31/2024	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Bank Fee for the month of July
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Monthly Bank Fee for the month of August
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fee for the month of September
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 0/01	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to con	-	ete this form.
1	Total pages Schedule F1:		_	3 Filer ID (Ethics Commission Filers)
	Sch: 31/50 Rpt:	Kolkhorst, Lois W. (The Honorable)		00041354
4	Date	5 Payee name		· ·
	10/31/2024	PNC Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$3.00	2000 South Market St.		
		Brenham , TX 77833		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Monthly Bank Charges for the month of October
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	11/30/2024	PNC Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$3.00	2000 South Market St.		
		Brenham , TX 77833		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Monthly Bank fee for the month of November
	Operation ONLY if allowed	Oscalidate (Office helder as as	l. a	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	12/31/2024	PNC Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$3.00	2000 South Market St.		
		Brenham , TX 77833		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Monthly Bank fee for the month of December
	Operation Children	Out lide to 10 ff and a 1	ala r	0.5
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 32/50 Rpt:	Kolkhorst, Lois W. (The Honorable)
Ļ		
4	Date	5 Payee name
L	12/26/2024	Port Lavaca Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	2300 Hwy. 35 S
		Port Lavaca, TX 77979
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/17/2024	Rascoe, Carlyle
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	7 Riverway
	÷ 123,00	#809
_		Houston, TX 77056
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Photography for Christmas Card
		Thotography for official data
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Dayee name
	10/25/2024	Payee name Red & Blue United
	Amount (\$)	Payee address; City; State; Zip Code
	\$441.66	3607 Hwy 6
L		Sugar Land , TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation item for charitable fundraising event, Constitutional Chair
	0 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 33/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354			
4	Date	5 Payee name			
	07/29/2024	Refugio County Chamber of Commerce			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$55.00	301 N. Alamo St.			
		Refugio, TX 78377			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Membership Dues			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	08/13/2024	Republican Club of Aransas County			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	P.O. Box 2296			
	T-,	1.6. Box ==33			
		Fulton, TX 78358			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense			
		Check if Austin, TX, officeholder living expense  Donation			
		Donaton			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	<b>y</b>			
-	Date	Payes name			
	09/28/2024	Payee name Republican Women of Yoakum Area			
		·			
	Amount (\$) \$330.16	Payee address; City; State; Zip Code  1800 North Avenue J			
	φ330.10	1000 Notifi Avenue 3			
		Shiner, TX 77984			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		Donation Item for Charitable Fundraising Event - Porch Rocker			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	experientare to benefit G/OI	<u>'</u>			

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1	
Sch: 34/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date	5 Payee name
11/18/2024	Reyes, Eric
6 Amount (\$) \$414.40	7 Payee address; City; State; Zip Code 11942 Texas-159
	Bellville, TX 77418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catered Dinner Meal for Staff workshop
9 Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
08/13/2024	Rhodes, Brinn
Amount (\$) \$400.00	Payee address; City; State; Zip Code 4850 FM 2780
	Burton , TX 77835
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date 08/13/2024	Payee name Round Top Area Chamber of Commerce
	· ·
Amount (\$) \$50.00	Payee address; City; State; Zip Code  203 North Washington Street
	Round Top, TX 78954
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/50 Rpt: Kolkhorst, Lois W. (The Honorable) 00041354 4 Date Payee name 11/01/2024 Seidel Schroeder & Company 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 2707 South Market St. Brenham, TX 77833 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Preparation of Form 1099 & 1096 for 2023 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/13/2024 Shack, Edward M. Amount (\$) Payee address; State; Zip Code City; \$1,640.00 4410 Bellvue Avenue Austin, TX 78756 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Review of Ethics Report Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2024 Spaw Senate Account Amount (\$) Payee address: City; State; Zip Code \$200.00 **Texas Senate** P. O. Box 12068 Austin, TX 78711-2068 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation for Senate Christmas Charity Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/16/2024	Steinbach, Chris
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,400.00	P. O. Box 195
		Brenham, TX 77834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract Labor Campaign Services
		Contract Labor Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/18/2024	Steinbach, Chris
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P. O. Box 195
	, ,	
		Brenham, TX 77834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Christmas Bonus
		Cilistinas Bonas
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/06/2024	Sweetgrass Republican Club
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1006 Cleistes Lane
		Richmond, TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Donation
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

#### SCHEDULE F1

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

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	09/11/2024	Texas Department of Criminal Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$692.80	P.O. Box 4013
		Huntsville, TX 77432
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation items for Charitable Fundraising
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2024	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$766.41	P.O. Box 4013
		Huntsville, TX 77432
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation items for Charitable Fundraising
	Computate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	<u>'</u>	
	Date	Payee name
	12/30/2024	Texas Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1100 Congress Avenue
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Texas Senate Ladies Club Gala Tickets
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Emportant to bottom of Of	

## SCHEDULE F1

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

Fees Office Overhead/Rental Expens Polling Expense Polling Expense Printing Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 38/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354	
4	Date	5 Payee name		•
	12/05/2024	Texas Senate Publication and Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$194.50	P.O. Box 12068		
		Austin, TX 78711		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Printing of 2025 Senate Calendar
_			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date	Payee name		
	09/03/2024	The Chamber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$60.50	P.O. Box 52		
		Giddings, TX 78744		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12			Check if Austin, TX, officeholder living expense
				Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		ıgııı	Office field
	Data			
	Date	Payee name		
	12/05/2024	The Lighthouse Inn		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$43.70	200 South Fulton Beach Road		
		Rockport , TX 78382		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Hotel fee for overnight travel to Victoria meetings
				with constituents 10-28-29-24
	Complete ONII V if direct	Condidate/Officeholder name	ı oı la t	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/26/2024	The Table
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	14033 Cinco Ranch Blvd.
		Katy, TX 77494
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch meeting.
		Euron meeting.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Dougo nama
	12/18/2024	Payee name Tiblier Lucy
		Tiblier, Lucy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1701 Simone Avenue
		Unit 328
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Christmas Bonus
		Christinas Bonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 12/18/2024	Payee name Tiblier Lucy
		Tiblier, Lucy
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.28	1701 Simone Avenue
		Unit 328
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mileage Reimbursement for staff Legislative
		workshop in Brenham 11-18-2024
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

Advertising Expense Ex Accounting/Banking Fe Consulting Expense Fc Contributions/ Donations Made By - Gandidate/Officeholder/Political Committee Le

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 40/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/20/2024	Tiemann, Annette
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.50	1404 Tracey Lee Dr.
		Brenham , TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/18/2024	Tiemann, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	5085 Roadrunner Lane
	Ψ1,000.00	5000 Noddidillioi Earle
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Christmas Bonus
		Simoundo Bondo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/24/2024	Tiemann, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	5085 Roadrunner Lane
	Ψ1,230.00	5005 Rodululliei Lalle
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services - Christmas Cards
	Operation ONLY if allowed	Our distance (Office holds are not as a complete sound to the comp
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Service	es ection Guide expla			ages	/Contract Labor		OTHER (enter a		ted above)
L		-		Ction Guide expir	anis ne	JW to coi	iipie	te tilis lollii.	-			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Com	mission Filers)
	Sch: 41/50 Rpt:	L	Kolkhorst, Lois W. (T	he Honorable)	)					00041354		
4	Date	5	Payee name									
	07/16/2024		Tiemann, Cheryl									
6	Amount (\$)	7	Payee address; Cit	ry; S	tate;	Zip Co	de					
	\$6,200.00		5085 Roadrunner La	ne								
			Brenham, TX 77833									
8	PURPOSE	(a)	Category (See Categories	listed at the top of th	s sched	lule)	(b)	Description				
	OF		Salaries/Wages/Con		0 001.00	)		_ `	outsi	de of Texas. Com	plete Schedule	Г.
	EXPENDITURE		J					Check if Austin	ı, TX	officeholder living	j expense	
								CONTRACT	LA	BOR CAMP	AIGN SER	IVICES
9	Complete ONLY if direct		Candidate/Officeholder r	name	Off	fice sou	ght			Office he	eld	
	expenditure to benefit C/OF	Н										
	Date	Т	Payee name									
	08/15/2024		Tuscany Italian Grill									
_		┝	<u> </u>	2.11	toto	Zin Co	do					
	Amount (\$)		Payee address; Cit	.y, S	iaie,	Zip Co	ue					
	\$60.97		100 Hwy 290 E									
			Brenham, TX 77833									
	PURPOSE	(a)	Category (See Categories	listed at the top of thi	s sched	lule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expe	ense				<b>=</b>		de of Texas. Com		Т.
	EXI ENDITORE							<b>—</b>		officeholder living		
								Staff Lunch to Issues	0 D	iscuss Cons	stituent and	Legislative
								133003				
	Complete ONLY if direct		Candidate/Officeholder r	name	Off	fice sou	ght			Office he	eld	
	expenditure to benefit C/OI	п										
	Date		Payee name									
	12/26/2024		Twitter, Inc									
	Amount (\$)		Payee address; Cit	xy; S	tate;	Zip Co	de					
	\$245.51		1355 Market Street									
			Suite 900									
			San Francisco, CA 9	4103								
	PURPOSE	(2)				1	(h)	Description				
	OF	\a	Fees (See Categories	listed at the top of the	s sched	iule)	(IJ)		outsi	de of Texas. Com	plete Schedule	Т.
	EXPENDITURE		LCC2					<b></b>		officeholder living		
								Reimbursem				Premium
								Subscription			-	
	Complete ONLY if direct	Ц,	Candidate/Officeholder r	name	Off	fice sou	aht			Office he	eld	
	expenditure to benefit C/OI			·- <del>-</del>			J			200 110		

## 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

	Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	07/24/2024	U. S. Postal Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.23	309 N. Market St.	
	!		
		Brenham, TX 77833	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 663	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	!	Mailings to	o Constituents
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oi	1	
	Date	Payee name	
	12/05/2024	U. S. Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,168.20	309 N. Market St.	
	!		
		Brenham, TX 77833	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	1003	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	!	I — I — I — I — I — I — I — I — I — I —	o Constituents
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	12/05/2024	Vallee, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.80	9008 Golden Leaf Drive	
	!		
		Austin , TX 78748	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	!		otel Reimbursement for Legislative
	!		11-18-2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	ч	

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 43/50 Rpt:	Kolkhorst, Lois W. (The Honorable)
4	Date	5 Payee name
	12/18/2024	Vallee, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	9008 Golden Leaf Drive
		Austin , TX 78748
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Christmas Bonus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<del>-</del>
	Date	Payee name
	07/16/2024	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
	¥	
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  SAAS Website/Website Framework Multi Page
		Subscription Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/13/2024	Vici Media Group
		·
	Amount (\$) \$160.13	Payee address; City; State; Zip Code 5101 Bonneville Bend
	\$100.13	STOT BOTTLEVIlle Bellu
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SAAS Website Framework
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		<u> </u>

#### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 44/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354							
4	Date	5 Payee name							
	08/13/2024	Vici Media Group							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$37.36	5101 Bonneville Bend							
		Austin, TX 78744							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Yearly Domain Renewal Lois.ForTexas.com							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	experientare to benefit 6/6								
	Date	Payee name							
	09/03/2024	Vici Media Group							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$160.13	5101 Bonneville Bend							
		Austin, TX 78744							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		SAAS Website Framework Multi Page Subscription							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H							
	Date	Payee name							
	09/30/2024	Vici Media Group							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$160.13	5101 Bonneville Bend							
		Austin, TX 78744							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		SAAS Website Framework							
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H .							

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	1
1	Total pages Schedule F1:	
	Sch: 45/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/01/2024	Vici Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
	Ψ100.15	STOT BOTTICVIIIC BCTU
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		SAAS Websites Framework and Multi Page
L		Subscription Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	12/03/2024	Vici Media Group
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.92	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Domain Reservation
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	12/05/2024	Vici Media Group
$\vdash$		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITUKE	Check if Austin, TX, officeholder living expense
		SAAS Website Framework
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers	s)
L	Sch: 46/50 Rpt:	L	Kolkhorst, L	ois W. (The Hon	orable)					00041354		
4	Date	5	Payee name									
	10/16/2024		Victoria Cha	amber of Comme	erce							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$155.00		P. O. Box 2	465								
			7403 Lone	Tree Rd., Suite 2	11. 77905	5						
			Victoria, TX	77902-2465								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Comp		
								Check if Austin, Membership		officeholder living	expense	
								Membership	Jut			
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht			Office he	ald.	
9	expenditure to benefit C/O		Januluale/OIII	CCHOIGEI HAIHE		7111CG 50U	agrit			Onice ne		
	Date		Payee name									
L	12/17/2024	L	Victoria Cou	ınty Republican I	Party							
	Amount (\$)	_	Payee addre	ss; City;	State;	Zip Co	ode					
	\$1,200.00		115 South N	Main								
			Victoria, TX	77901								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe					<b>=</b>		de of Texas. Comp		
								Donation	, IX,	officeholder living	expense	
								Donadon				
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/OI						J					
H	Date	Π	Payee name									
	12/19/2024		,	ınty Republican I	Party							
_	Amount (\$)	⊢	Payee addres		-	Zip Co	nde					
	\$135.00	ı	115 South N	•	Jiaie,		Juc					
	Ψ100.00											
			Victoria, TX	77901					_			
	PURPOSE			ee Categories listed at the		edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations Mac		ittoc				de of Texas. Comp officeholder living		
			Canuluale/C	Officeholder/Polit	icai Comm	iillee		ш			Fundraising event La	arae
								Rocking Hors				3-
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI						5					

## SCHEDULE F1

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

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

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

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 47/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date	5 Payee name
09/03/2024	Victoria County Republican Women's Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 4711
	Victoria, TX 77903
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Check if Austin, TX, officeholder living expense
	Donation
O Consider Children	Condition (Office helder come
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/17/2024	Wal Mart Brenham
Amount (\$)	Payee address; City; State; Zip Code
\$96.76	203 US Loop 290 West
	Brenham, TX 77833
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Office Supplies for Campaign
	Office Supplies for Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	1
Date	Payee name
09/14/2024	Wal Mart Supercenter Brenham
Amount (\$)	Payee address; City; State; Zip Code
\$81.14	203 US Loop 290 West
	Brenham, TX 77833
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Moving Boxes
Complete CNII V if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Legal Ser			Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
L		1_		ruction Guide exp	nams now to co	mple	ete triis form.	_			
1	Total pages Schedule F1:							3		(Ethics Commission Filer	s)
	Sch: 48/50 Rpt:		khorst, Lois W.	(The Honorable	e) 				00041354		
4	Date	1 1	ee name								
	11/22/2024	Wa	l Mart Supercer	iter Brenham							
6	Amount (\$)	<b>7</b> Pay	vee address;	City;	State; Zip Co	ode					
	\$17.52	203	3 US Loop 290 \	West							
		Bre	enham, TX 7783	3							
8	PURPOSE	(a) Cat	egory (See Categor	ies listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		od/Beverage Ex		,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	LAFLINDITURE		_				_		officeholder livin		
							WATER FOR	R TH	HE BRENH	AM OFFICE	
L											
9	Complete ONLY if direct		lidate/Officeholde	r name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Η									
	Date	Pay	/ee name								
	07/16/2024	Wa	shington Count	y Chamber Of (	Commerce						
	Amount (\$)	Pay	vee address;	City;	State; Zip Co	ode					
	\$275.00	314	4 South Austin S	St.							
		Bre	enham, TX 7783	3							
	PURPOSE OF	( <b>a)</b> Cat	egory (See Categor	ies listed at the top of t	his schedule)	(b)	Description				
	EXPENDITURE	Fee	es							nplete Schedule T.	
							Membership		officeholder living	y expense	
							MEHINGISHIP	الالا	c3		
_	Complete ONLY if direct	Cand	lidate/Officeholde	r name	Office sou	ıaht			Office h	eld.	
	expenditure to benefit C/OI		indate/Officeriolde	Hallie	Office 500	agrit			Office II	Ciu	
-	Data	De	voo nome								
	Date 10/09/2024	1 1	ree name Jehington Count	, Eair Accasisti	ion						
	10/09/2024		shington Count	•							
	Amount (\$)	1 1	•	-	State; Zip Co	ode					
	\$3,751.95	130	05 E. Blue Bell F	Rd., Suite 110							
L		Bre	enham, TX 7783	3							
	PURPOSE	(a) Cat	egory (See Categor	ies listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		ntributions/Dona							nplete Schedule T.	
		Ca	ndidate/Officeho	older/Political C	ommittee		_	ı, TX,	officeholder living	g expense	
							Donation				
	Complete ONLY if alias -t	<u> </u>	lidata/Office belief	, nome	Office	lak+			Office !-	ald	
	Complete ONLY if direct expenditure to benefit C/OI		lidate/Officeholde	riame	Office sou	ugnt			Office h	eiu	
	p = 1 1 2 12 120 3/01										

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 49/50 Rpt:	Kolkhorst, Lois W. (The Honorable)  Carrier in Carrier
4	Date	5 Payee name
	12/05/2024	Washington County Healthy Living Associaton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$363.16	P.O. Box 401
		1301 East Tom Green Street
		rental , TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2024	Washington County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 479
	·	
		Brenham, TX 77834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
L	08/15/2024	Washington County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. box 723
		Brenham, TX 77834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e			nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┰	Total pages Schedule F1:	2	EII ED NIAN		•			3	Filer ID	(Ethics Commission Filers)
	Sch: 50/50 Rpt:	_		, Lois W. (The Honoral	ble)				00041354	(Ethics Commission Filers)
4	Date	5	Payee nam	ne						
	12/05/2024			Area Chamber of Com	merce					
6	Amount (\$)	7	Payee addr	ress; City;	State;	Zip Code				
	\$50.00		P. O. Box	591						
			Yoakum, <sup>-</sup>	TX 77995						
8	PURPOSE	(a)	Category	(See Categories listed at the top	of this sche	edule) (b	<b>)</b> Description			
	OF EXPENDITURE		Fees				_		ide of Texas. Com	
	ZA ZIIDII GIAZ								, officeholder living	expense
							Membershi	рυυ	es	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/O	officeholder name	0	office sough	İ		Office he	eld

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 122/144				
FILER NAME		3 Filer ID (Ethics Commission Filers)				
Kolkhorst, Lois V	V. (The Honorable)	00041354				
Date 07/31/2024	5 Name of person from whom investment is purchased Citizens State Bank Somerville					
	6 Address of person from whom investment is purchased; City 155 Eighth Street  Somerville, TX 77879					
	7 Description of investment Purchase Certificate of Deposit					
	8 Amount of investment (\$) 100,000.00					
Date 07/31/2024	Name of person from whom investment is purchased Citizens State Bank Somerville  Address of person from whom investment is purchased; City 155 Eighth Street	Citizens State Bank Somerville  Address of person from whom investment is purchased; City; State; Zip Code				
	Somerville , TX 77879  Description of investment  Dynamics of Contiference of Deposit	Description of investment				
	Purchase of Certificate of Deposit  Amount of investment (\$) 200,000.00					

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)			
Sch: 1/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354					
4 CREDIT CARD ISSUER		ncial institution rd Services	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$785.97	(b) Date of Charge 12/18/2024	(c) Date(s) Credit Card Issue 12/30/2024	r Paid					
7 PAYEE	(a) Payee name  Lulu's Round Top		(b) Payee address; 204 E Mill St.	City,	State,	Zip Code			
0 DUDDOOF 05	(a) Cataman		Round Top, TX 78954						
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Christmas Lunch for all th	e staff					
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 10/24/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	Zoom.US		San Jose Headquarters 55 Almaden Boulevard, 6 San Jose, CA 95113	th Floor					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Conference Call Meeting	Cost					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$47.89	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issue 12/30/2024	r Paid					
PAYEE	(a) Payee name  Cuero Pecan Hous	e	(b) Payee address; 114 South Esplanade Stre Cuero , TX 77954	City, eet	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Lunch with staff to discuss meetings in Cuero.						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 2/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$365.63	10/29/2024	12/30/202	4			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Lighthouse Inn at A	ransas Bay	200 South	Fulton Beach F	Road		
			Rockport,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
X Political	Event Expense	or this scriedule)	Reception	for constituents	i		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$479.80	10/31/2024	12/30/202	4			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Facebook		1601 S. Ca	alifornia Ave.			
			Palo Alto, CA 94304				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	Advertising Expense	of this scriedule)	Facebook Ads				
X Political	<u> </u>						
Non-Political	( · ) L	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 12/30/202	Credit Card Issuer	Paid		
	\$37.49	11/01/2024	12/30/202	4			
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
			1600 Amp	hitheatre Parkw	ay		
	Google LLC						
			Mountain \	View , CA 94043	3		
PURPOSE OF	1 1 7 7 7		(b) Descripti				
EXPENDITURE	Advertising Expense	of this scriedule)	Google Vo	ice Service			
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

#### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	uction Guide explains how	to complete thi	s form.		,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 3/21 Rpt:	Kolkhorst, Lois W. (	The Honorable)			00041354		
4 CREDIT CARD ISSUER	Name of finan see pro		EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 11/01/2024	(c) Date(s) C 12/30/2024	redit Card Issuer I	r Paid		
7 PAYEE	(a) Payee name  Google LLC			nitheatre Parkw		Zip Code	
	( ) 0 :		+	iew , CA 94043	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Advertising Expense	of this schedule)	(b) Description G-Suite Su	on bscription Serv	rice		
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$26.07	(b) Date of Charge 11/01/2024	(c) Date(s) C 11/06/2024	redit Card Issuer I	r Paid		
PAYEE	(a) Payee name Hill Country Springs	, Inc.	(b) Payee ad P. O. Box 2	2220	City, State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of		Manchaca, TX 78652-2220 (b) Description Water for Austin and Health Committee offices				
X Political	Food/Beverage Expen	ise					
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$120.30	(b) Date of Charge 11/06/2024	(c) Date(s) C 12/30/2024	redit Card Issuer I	r Paid		
PAYEE	(a) Payee name  The Rouxpour Resta	aurant	(b) Payee address; 2643 Commercial Center E Katy, TX 77494		City, State, Blvd., Suite A300	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Food/Beverage Expen		(b) Description	on Mayor and sta	ff		
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	•						

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 4/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$114.15	(b) Date of Charge 11/08/2024	(c) Date(s) C 12/30/2024	Credit Card Issuer 4	Paid		
7	PAYEE	(a) Payee name  Lulu's Round Top		(b) Payee ac 204 E Mill	St.	City,	State,	Zip Code
L				· -	o, TX 78954			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description Staff Luncheon to discuss Constituent Case				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct Candidate/Officeholder name Of expenditure to benefit C/OH			e sought		Office held		
Ľ	<u>'</u>	(a) A managed Observation	(h) Data at Ohama	(-) D-+-(-) C	and the condition	. D - ! -!		
	PAYMENT	(a) Amount Charged \$178.58	(b) Date of Charge 11/11/2024	12/30/2024	Credit Card Issuer 4	Paid		
H	PAYEE	(a) Payee name	I	(b) Payee ac	ddress;	City,	State,	Zip Code
				1211 Aven	ue of Americas			
L				New York, NY 10036				
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Wall Street Journal Subscription				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
	expenditure to benefit C/OH			-				
	PAYMENT	(a) Amount Charged \$81.28	(b) Date of Charge 11/12/2024	(c) Date(s) C 12/30/2024	Credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name TFK - True Food Ki	itchens	(b) Payee ac 222 West A Suite HR 1 Austin, TX	Avenue .00	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Dinner with staff to discuss Health and Human Services Hearing			ervices	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
6	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		_

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 5/21 Rpt:	Kolkhorst, Lois W.	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$573.94	11/13/2024	12/30/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	On a Ontonian		Westlake Hills				
	Cava Catering		701 South Capital of To	exas Highway			
			Westlake Hills, TX 787	46			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe	•		ers of the Health and Human uring Hearing on 11.12.2024			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$139.13	11/20/2024	12/30/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Mailabinan Adams		The Rocket Science G	roup, LLC			
	Mailchimp Atlanta		675 Ponce de Leon Ave NE, Suite 5000				
			Atlanta, GA 30308				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description  Mailchimp subscription payment				
X Political	1 000						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$140.32	11/21/2024	12/30/2024				
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code			
			White Pages Corporate	e Headquarters			
	White Pages Premi	ium	1301 5th Avenue, Suite	•			
			Seattle, WA 98101				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	White pages Subscript	ion payment			
X Political	X Political Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 6/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$33.71	11/24/2024	12/30/202	4			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Zoom.US			Headquarters In Boulevard, 61 CA 95113	th Floor		
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Conferenc	e Call Meeting	Cost		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$331.19	11/30/2024	12/30/202	4			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Facebook			alifornia Ave.			
			Palo Alto,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook Ads				
X Political	haverdeling Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 12/30/202	Credit Card Issue 4	r Paid		
	\$37.49	12/01/2024					
PAYEE	(a) Payee name		(b) Payee ac	ddress:	City,	State,	Zip Code
				hitheatre Parkw		,	<b>P</b>
	Google LLC						
			Mountain View , CA 94043				
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Google Vo	ice Services			
X Political	X Political Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 7/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	\$			
6 PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card 12/30/2024	l Issuer Paid			
7 PAYEE	(a) Payee name Google LLC		(b) Payee address; 1600 Amphitheatre Mountain View , CA	•	State, Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description G-Suite Subscriptio	n Services			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expen	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$32.56	(b) Date of Charge 12/02/2024	(c) Date(s) Credit Card 11/06/2024	l Issuer Paid			
PAYEE	(a) Payee name  Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220  Manchaca, TX 7865	City,	State, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Description Water for Austin and Health Committee Offices				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expen	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$257.95	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card 12/30/2024	l Issuer Paid			
PAYEE	(a) Payee name  Southwest Airlines		(b) Payee address; P.O. Box 36647-1C Dallas, TX 75235	City, R	State, Zip Code		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Fly to Harlingen & back tour facility location of new hospital meet with Healthcare individuals				
Non-Political	(1)	of Texas. Complete Schedule T.		ustin, TX, officeholder living expen	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 8/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$139.13	12/23/2024	12/30/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Mailchimp Atlanta		The Rocket Science Grou 675 Ponce de Leon Ave N Atlanta, GA 30308			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Mailchimp Subscription			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$76.75	07/01/2024	11/06/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Google LLC		1600 Amphitheatre Parkway			
			Mountain View , CA 9404	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Advertising Expense	or triis scriedule)	G-Suite Subscription Services			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$135.31	(b) Date of Charge 07/09/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid		
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	City, State, Zip Code		
			1400 N. Congress Ave., E			
	Texas Capitol Gift S	Shop				
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Purchase if items to be donated for charitable events			
X Political		er/Political Committee				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
1	·	·				

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	ommiss	ion Filers)
	Sch: 9/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6	PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid		
7	PAYEE	(a) Payee name  Mailchimp Atlanta		(b) Payee address; The Rocket Science Gro 675 Ponce de Leon Ave Atlanta, GA 30308	up, LLC	tate,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description  Mailchimp Subscription F	Payment		
	Non-Political	(c) Commission and a compact contact of the compact contact of the compact contact of the compact of the compac		K, officeholder living expense			
<b>9</b> e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 07/24/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid		
	PAYEE	(a) Payee name Zoom.US		(b) Payee address; San Jose Headquarters 55 Almaden Boulevard, 6 San Jose, CA 95113		tate,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Fees Conference All Med	eting Cost		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$75.37	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issue 11/03/2024	er Paid		
	PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee address; South Mopac FSU #0113 Austin, TX 78735		tate,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	(b) Description Lunch Meeting with Aust	in Staff		
	Non-Political	1	of Texas. Complete Schedule T.		K, officeholder living expense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	- · · · (- · · · · · · · · · · · · · · ·	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)		
Sch: 10/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$			
6 PAYMENT	(a) Amount Charged \$49.56	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Iss 11/06/2024	suer Paid			
7 PAYEE	(a) Payee name  Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220	City, State,	Zip Code		
			Manchaca, TX 78652-2	2220			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Water for Austin and H	ealth Committee Offices	alth Committee Offices		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$20.07	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Iss 11/06/2024	suer Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Hill Country Springs	s, Inc.	P. O. Box 2220				
			Manchaca, TX 78652-2	2220			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Water for Austin and Health Committee Offices				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Iss 11/06/2024	suer Paid			
PAYEE	(a) Payee name Google LLC		(b) Payee address; 1600 Amphitheatre Par Mountain View , CA 94	rkway	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Service				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

#### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************		,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 11/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$100.47	(b) Date of Charge 08/01/2024	(c) Date(s) 11/06/20	Credit Card Issuei 24	Paid			
7 PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee South Mo	opac FSU #01134	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		Dinner Meeting with Austin Staff					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$56.93	(b) Date of Charge 08/13/2024	(c) Date(s) 11/06/20	Credit Card Issuei 24	<sup>-</sup> Paid			
PAYEE	(a) Payee name (b) Payee address; City, State				State,	Zip Code		
	Fossatis Delicatess	en	302 Sout					
	( ) 2 :			TX 77901				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Lunch Meeting with Staff and Constituent					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	eneactivation, 174	Office held			
PAYMENT	(a) Amount Charged \$132.00	(b) Date of Charge 08/20/2024	(c) Date(s) 11/06/20	Credit Card Issuei 24	Paid			
PAYEE	(a) Payee name Mailchimp Atlanta		675 Pond	address; ket Science Grou ce de Leon Ave N GA 30308	•	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Mailchim	otion p Subscription Pa	ayment			
Non-Political	Olitical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form	m.			
1	Total pages Schedule F4:	2 FILER NAME			[3	3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 12/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		(	00041354		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES S	\$		
6	PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 09/01/2024	(c) Date(s) Credit 11/06/2024	Card Issuer F	Paid		
7	PAYEE	(a) Payee name  Google LLC		(b) Payee address	atre Parkwa	City, ıy	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Mountain View (b) Description G-Suite Subscr		ce		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, of	fficeholder living exp	ense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 09/24/2024	(c) Date(s) Credit 11/06/2024	Card Issuer F	Paid		
	PAYEE	Zoom.US		(b) Payee address; City, State, Zip C San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Conference Call Meeting Cost				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, of	fficeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 09/30/2024	(c) Date(s) Credit 11/06/2024	Card Issuer F	Paid		
	PAYEE	(a) Payee name Facebook		(b) Payee address 1601 S. Californ Palo Alto, CA 9	nia Ave.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		ck if Austin, TX, of	fficeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH							

## SCHEDULE F4

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

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

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

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

America Code contains house complete this forms

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 13/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$14.07	(b) Date of Charge 10/01/2024	(c) Date(s) ( 11/06/202	Credit Card Issue 4	r Paid		
7 PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; City, State P. O. Box 2220  Manchaca, TX 78652-2220			State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Water for A	on Austin and Heal	th Committee (	Offices	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 10/01/2024	(c) Date(s) ( 11/06/202	Credit Card Issue 4	r Paid		
PAYEE	(a) Payee name  Google LLC			ddress; hitheatre Parkw View , CA 9404:		State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Services				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 10/20/2024	(c) Date(s) 0 11/06/202	Credit Card Issuel 4	Paid		
PAYEE	(a) Payee name  Mailchimp Atlanta		1	et Science Grou e de Leon Ave N	•	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Mailchimp	on Subscription Pa	ayment		
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)		
Sch: 14/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$97.92	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuer 11/06/2024	Paid			
7 PAYEE	(a) Payee name  La Terraza		(b) Payee address; 141 South Courthouse Sq	City, State, uare	Zip Code		
	(a) Oatawari		Goliad, TX 77963				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Lunch Meeting with Const	ituents			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
expenditure to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged \$37.08	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer 11/06/2024	<sup>r</sup> Paid			
PAYEE	PAYEE (a) Payee name  Google LLC		(b) Payee address; 1600 Amphitheatre Parkw	City, State, ray	Zip Code		
			Mountain View , CA 94043	2			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Services				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issuer 11/06/2024	<sup>.</sup> Paid			
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Coo San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113				
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Fees		(b) Description Conference Call Meeting Cost				
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	s Commiss	sion Filers)
	Sch: 15/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$33.14	(b) Date of Charge 08/01/2024	(c) Date(s) C 11/06/2024	Credit Card Issuer 4	Paid		
7	PAYEE	(a) Payee name  Hill Country Springs	s, Inc.	(b) Payee ac	2220	City,	State,	Zip Code
L		( ) 5 :			, TX 78652-222	:0		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Water for Austin and Health Committee Offices				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L.	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 08/01/2024	(c) Date(s) C 11/06/2024	Credit Card Issuer 4	<sup>-</sup> Paid		
H	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
		Google LLC		1600 Amphitheatre Parkway				
				Mountain \	/iew , CA 94043	3		
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Vo	on ice Services			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living expe	nse	
H	Complete ONLY if direct	Candidate/Officeholder		e sought	_ cheek ii / iaciiii, i / i,	Office held		
6	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$74.95	(b) Date of Charge 08/07/2024	(c) Date(s) C 11/06/2024	Credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee address; South Mopac FSU #01134 Austin, TX 78735		City,	State,	Zip Code
	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense			(b) Description Staff Dinner Meeting				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
e	Complete ONLY if direct candidate/Officeholder name Office sought Office held canditure to benefit C/OH							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)			
Sch: 16/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$162.34	(b) Date of Charge 08/11/2024	(c) Date(s) Credit Card Issuer 11/06/2024	r Paid				
7 PAYEE	(a) Payee name  Wall Street Journal		(b) Payee address; 1211 Avenue of Americas	•	ate, Zip Code			
0 PURPOSE OF	(a) Catagony		New York, NY 10036 (b) Description					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	Subscription for Wall Stree	et Journal				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$80.02	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issuer 11/06/2024	r Paid				
PAYEE	(a) Payee name	•	(b) Payee address;	City, St	ate, Zip Code			
	Santa Fe Steakhouse		581 West Austin Street					
			Giddings , TX 78942					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Lunch with Giddings Constituents					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH			5 55 ag. 1.	Ges iieid				
PAYMENT	(a) Amount Charged \$192.90	(b) Date of Charge 08/31/2024	(c) Date(s) Credit Card Issuer 11/06/2024	r Paid				
PAYEE	(a) Payee name Facebook	ı	(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City, St	tate, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 17/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$121.06	(b) Date of Charge 08/30/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid			
7 PAYEE	(a) Payee name  Brossas Cibo		(b) Payee address; 603 South Market	City,	State,	Zip Code	
a BURDOS 05	(a) Catamani		Brenham , TX 77833				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Lunch meeting Brenham	Staff			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid			
PAYEE (a) Payee name (			(b) Payee address;	City,	State,	Zip Code	
	Google LLC		1600 Amphitheatre Parkw	vay			
			Mountain View , CA 9404	3			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Service				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TY	officeholder living expe	inse		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	1136		
expenditure to benefit C/OH			o coug	Ccoc.u			
PAYMENT	(a) Amount Charged \$36.57	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid			
PAYEE	(a) Payee name  Hill Country Springs, Inc.		(b) Payee address; City, State, Zip C P. O. Box 2220  Manchaca, TX 78652-2220			Zip Code	
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense		(b) Description Water for Austin and Hea		Offices		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 18/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$38.56	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid				
7 PAYEE	(a) Payee name  Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220	City,	State,	Zip Code		
	( ) 2 :		Manchaca, TX 78652-222	20				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Water for Austin and Hea	ulth Committee O	ffice			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	ise			
9 Complete ONLY if direct candidate/Officeholder name expenditure to benefit C/OH			e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ar Doid				
PATWENT	(a) Amount Charged \$139.13	(b) Date of Charge 09/20/2024	11/06/2024	n Palu				
PAYEE (a) Payee name (b) P			(b) Payee address;	City,	State,	Zip Code		
	Mailchimp Atlanta		The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description  Mailchimp Subscription Payment					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	ise			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid				
PAYEE	(a) Payee name  Google LLC		(b) Payee address; City, State, Zip 1600 Amphitheatre Parkway  Mountain View , CA 94043					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description G-Suite Subscription Ser	vice				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	ise			
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held								

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 19/21 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$105.56	(b) Date of Charge 10/01/2024	(c) Date(s) ( 11/06/202	Credit Card Issuer 4	Paid			
7	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee ac	2220	City,	State,	Zip Code	
Ļ		( ) 0 :			, TX 78652-222	:0			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description  Water for Austin and Health Committee			Offices		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	name Office	e sought		Office held				
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$21.10	(b) Date of Charge 10/08/2024	(c) Date(s) 0 11/06/202	Credit Card Issuer 4	<sup>*</sup> Paid			
	PAYEE	(a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code	
				206 N. Lib	erty				
				Victoria, TX 77901					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description  Meeting at Coffee Shop					
	Non-Political	(-) 🗖 🔞	(T. 0 11 01 11 T		70	<i></i>			
H		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  ice sought  Office held					
٩	Complete ONLY if direct expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$62.73	(b) Date of Charge 10/17/2024	(c) Date(s) ( 11/06/202	Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name		(b) Payee at 107 W. Ala		City,	State,	Zip Code	
		Must Be Heaven		Brenham,					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	,	(b) Descripti Brenham S	on Staff Lunch Mee	eting			
	District Delitical				7	<i></i>			
$\vdash$	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	Office hold	ense		
E	Complete ONLY if direct Candidate/Officeholder name Office sought Office held office held								

#### SCHEDULE F4

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

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

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

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

Candidate/Officeholder/Politica	ŭ			THER (enter a category	not listed al	bove)		
		ruction Guide explains how	to complete this form.	I		. = " `		
1 Total pages Schedule F4:				3 Filer ID (Ethics	s Commiss	sion Filers)		
Sch: 20/21 Rpt:	Kolkhorst, Lois W. (		1	00041354				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	<b>c</b>				
ISSUER	see p	revious	CHARGED TO A CREDIT	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$108.24	10/19/2024	11/06/2024					
	,							
7 PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			One Microsoft Way					
	Microsoft Corporati	on Store	·					
			Redmond, WA 98052-7829					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Yearly Microsoft Subscrip	tion				
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chack if Auctin TV	officeholder living expe	neo			
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	1136			
expenditure to benefit C/OH	Garialdate/Giliceriolder	name Ome	c sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
TATMENT	.,		11/06/2024	i i did				
	\$252.84	09/04/2024						
PAYEE	(a) Dayon nama		(h) Dayon address:	City	Ctoto	Zin Codo		
PAILE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Quattro Gatti Ristor	ante	908 Congress Ave.					
			Austin TV 70701					
PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Dinner with fellow Senator's					
X Political	Food/Beverage Expe	nse	Diffiel with fellow Seriators					
			<u> </u>					
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<b>_</b>	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH		I a	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 11/06/2024	r Paid				
	\$28.57	07/01/2024	11/00/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hill Country Chrings	s Ino	P. O. Box 2220					
	Hill Country Springs	S, IIIC.						
			Manchaca, TX 78652-222	20				
PURPOSE OF	(a) Category	of this schodula)	(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Water for Austin and Heal	th Committee C	Offices			
X Political								
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								
	•							

#### SCHEDULE F4

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

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

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

Printing Expense

	Candidate/Onicendiden/Politica	·	ruction Guide explains ho	<del>-</del>	THER (enter a category not listed above)			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 21/21 Rpt:	Kolkhorst, Lois W.	(The Honorable)		00041354			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$20.07	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid			
7	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220  Manchaca, TX 78652	City, State, Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Water for Austin and Health Committee Offices				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/1 Rpt: 144/144	
2	FILER NAME		3	Filer I	O (Ethics Commis	ssion Filers)
	Kolkhorst, Lo	ois W. (The Honorable)		00041	1354	
4	Date 12/16/2024	<ul> <li>Name of person from whom amount is received         Brenham National Bank     </li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul>			8 Amount (\$)	\$3.38
		Brenham , TX 78333				
		7 Purpose for which amount is received	olitic	cal cont	tribution returned to	filer
	Date 11/12/2024	Name of person from whom amount is received Brenham National Bank Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333			Amount (\$)	\$12,494.54
			cal cont	I tribution returned to	filer	
	Date 10/30/2024	Name of person from whom amount is received Citizens State Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$3,672.41
		Somerville , TX 77879  Purpose for which amount is received	olitic	cal cont	tribution returned to	filer
	Date 12/31/2024	Name of person from whom amount is received Citizens State Bank Address of person from whom amount is received; City; State; Zip Code Somerville, TX 77879			Amount (\$)	\$36,121.47
			olitic	al cont	I tribution returned to	filer