# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	. Filer ID (Ethics Commissi 00088279	on Filers)	2 Total pages	filed: 78
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Katrina L.		MI	Date Received	CALLY FILED
	NICKNAME	LAST Pierson		SUFFIX	01/15/2025	CALLY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 609 Goliad St. #672	/ SUITE #; CITY	,	ZIP CODE	Date Hand-delivered	d or Date Postmarked  Amount
Change of Address	Rockwall, TX 75087				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Caitlyn B.		MI		
	NICKNAME	LAST Tortorici		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 421 Office Park Dr.	BOX PLEASE);	APT /	SUITE#; CITY;	S	TATE; ZIP CODE
(Residence or Business)	Mountain Brook, AL 35223	3				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (205) 440-2873	IE NUMBER EX	(TENSION			
8 REPORT TYPE	X January 15 July 15	30th day before e		unoff   xceeded modified	appointment (o	campaign treasurer officeholder only) httach C/OH-FR)
				eporting limit		•
9 PERIOD COVERED	Month Day Year 07/01/2024	THF	ROUGH	Month Day 12/31/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Year		nary neral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	rict 33		12 OFFICE SOUGHT	(if known)	
	•	GO TO	D PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 78

13 C / OH NAME	Pierson, Katrina L.		<b>14</b> Filer ID (	(Ethics Commission Fil	lers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or	r
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 129,91	4.19
EXPENDITURE TOTALS		\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 82,66	60.48
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 72,21	4.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Ka	trina L. Pierson		
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of					
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath	-

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 78
18 FILE		atrina L.	<b>19</b> Filer ID 00088279	(Ethics Commission Filers)
		SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 129,914.19
2.		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 66,738.88
6.		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	<b>\$</b> 15,921.60	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/28 Rpt: 4/78	
2	FILER NAME Pierson, Kat	ina L.		3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 10/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
•	Principal occu	AUSTIN, TX 78768 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
0	Principal occu	oalion / Job title (See Instructions)	Employer (See Instructions	')		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ALLEN BOONE HUMPHRIES ROBINSON LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		HOUSTON, TX 77027				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_AMATO, CHARLES  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		SAN ANTONIO, TX 78216				
	Principal occu CHAIRMAN	pation / Job title (See Instructions)	Employer (See Instructions SWBC	5)		
	Date 12/10/2024	Full name of contributor $\boxed{\times}$ out-of-state PAC (ID#: GAMERICA'S FUTURE TOGETHER  Contributor address; City; State; Zip Code  ATHENS, GA 30605	000490235		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_AMERITEX PIPE & PRODUCT LLC  Contributor address; City; State; Zip Code  SEGUIN, TX 78156			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/28 Rpt: 5/78	
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ANDERSON, GARY</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00
8		WORCESTER, MA 01609 pation / Job title (See Instructions)	9 Employer (See Instructions			
	ACCOUNTA		CRYSTAL INDUSTRIES	S, II		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ APARTMENT ASSOCIATION OF GREATER D Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Deinainal again	IRVING, TX 75038	Franks var (Cas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ARNOLD, KURT  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		HOUSTON, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions ARNOLD & ITKIN LLP	i)		
	Date 11/03/2024	Full name of contributor out-of-state PAC (ID#:_BALKUM, ADRIENNE  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	)		Amount of Contribution (\$)	\$83.28
	Principal occu BLOGGER	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	5)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#:_BALKUM, ADRIENNE  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	)		Amount of Contribution (\$)	\$31.23
	Principal occu BLOGGER	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 3/28 Rpt: 6/78	=
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission Filers) 00088279	
4	Date 07/17/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$21.07	_
8		ROCKWALL, TX 75032 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		_
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_BECKERMAN, CATHY  Contributor address; City; State; Zip Code  LOS ANGELES, CA 90077		)		Amount of Contribution (\$) \$1,041.02	-
			Employer (See Instructions HOMEMAKER	5)			
	Date 10/08/2024	Full name of contributor  out-of-state PAC (ID#:_ BEER ALLIANCE OF TEXAS PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$1,000.00	)
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		_
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_BELBEL, ROGER  Contributor address; City; State; Zip Code  ROCKWALL, TX 75087		)		Amount of Contribution (\$) \$104.10	-
	Principal occu	pation / Job title (See Instructions) GIST		Employer (See Instructions GREENVILLE CARDIO		oGY	
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_BILLINGS, DAVID  Contributor address; City; State; Zip Code  ROYSE CITY, TX 75189				Amount of Contribution (\$) \$260.25	
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		_
		·					

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 4/28 Rpt: 7/78
2	FILER NAME Pierson, Katı	ina L.			3	Filer ID (Ethics Commission Filers) 00088279
4	Date 11/03/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$80.00
_		ROCKWALL, TX 75087	_		_	
8	STUDENT	pation / Job title (See Instructions)	9	Employer (See Instructions STUDENT	5)	
	Date 12/14/2024	Full name of contributor		)	•	Amount of Contribution (\$) \$500.00
	Principal occu	DALLAS, TX 75243 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	BOARD MEMBER TEXAS COMM				SOCIATION ADVOCATES	
	Date 11/24/2024	Full name of contributor				Amount of Contribution (\$) \$78.08
	Principal occu	ROYSE CITY, TX 75189 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	RETIRED			RETIRED		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ CHARTER SCHOOLS NOW PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78704				Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)	
	Date 11/18/2024	Full name of contributor	000	0035006 )		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
		•				

	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: 5/28 Rpt: 8/78	
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 09/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ CONSERVATIVE REPUBLICANS OF TEXAS F  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
_	Dringing! goog	HOUSTON, TX 77234	O Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ CORNERSTONE GOVERNMENT AFFAIRS TE Contributor address; City; State; Zip Code  WASHINGTON, DC 20024			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ DAVIS, CHRISTOPHER  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.03
		WYLIE, TX 75098				
	CONF MGR	pation / Job title (See Instructions)	Employer (See Instructions) ERICSSON	)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_DAY, BRIE  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	)		Amount of Contribution (\$)	\$83.28
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions TVCC	)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_DAY, PAUL  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032			Amount of Contribution (\$)	\$80.00
	Principal occu PROFESSO	pation / Job title (See Instructions)	Employer (See Instructions DALLAS COLLEGE	)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 6/28 Rpt: 9/78	
2	FILER NAME Pierson, Katı	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 10/12/2024	DAY, PAUL  6 Contributor address; City; State; Zip C		)	7	Amount of Contribution (\$)	\$31.23
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	PROFESSO	R		TVCC			
	Date 08/18/2024	DUNKIN, MACK  Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$104.10
	Dringing con	HUNTINGTON, TX 75949		Employer (See Instructions	·/ 		
			Employer (See Instructions ANGELINA COLLEGE	)			
	Date		f-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	08/12/2024	EASTER, MICHAEL  Contributor address; City; State; Zip C					\$104.10
		ROCKWALL, TX 75032					
	Principal occu CONSULTA	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	<u>(</u>		
	Date 09/06/2024	EASTER, MICHAEL	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.10
	Principal occu CONSULTA	pation / Job title (See Instructions) NT		Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of EASTER, MICHAEL  Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$104.10
	Principal occu CONSULTA	pation / Job title (See Instructions) NT		Employer (See Instructions SELF EMPLOYED	5)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTIC	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/28 Rpt: 10/78	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 10/24/2024	<ul><li>5 Full name of contributor EASTER, MICHAEL</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$104.10
8	Principal occu	ROCKWALL, TX 75032 pation / Job title (See Instructions	)	9 Employer (See Instructions	;)		
	CONSULTA		,	SELF EMPLOYED	,		
	Date 11/04/2024	Contributor address; City; St				Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions	)	Employer (See Instructions	 s)		
	•						
	Date 12/13/2024	Full name of contributor FLEMING, JOANN Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$208.20
		FLINT, TX 75762					
	Principal occu RETIRED	pation / Job title (See Instructions	)	Employer (See Instructions RETIRED	5)		
	Date 12/10/2024	Full name of contributor FOWLER, KIM Contributor address; City; St. SIMMS, TX 75574		)		Amount of Contribution (\$)	\$50.00
	Principal occu PASTOR	pation / Job title (See Instructions	)	Employer (See Instructions LIGHTHOUSE BAPTIS		HURCH	
	Date 11/07/2024	Full name of contributor FRICK, JOSHUA Contributor address; City; St. SACHSE, TX 75048		)		Amount of Contribution (\$)	\$37.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions SELF EMPLOYED	5)		
	CONSULTA	IN I		SELF EMIFLUTED			

	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: 8/28 Rpt: 11/78	
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 09/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	ROSENBERG, TX 77471 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illicipai occa	pation 7 oob title (occ mondellons)	2 Employer (See Managaria	,		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ GORE, REX Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,200.00
	Deire size al. a serv	AUSTIN, TX 78735	Faralassa (Caralastastica)			
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_ HAMILTON, MELANIE Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$37.00
		ROCKWALL, TX 75032				
	Principal occu SCHOOL RE	pation / Job title (See Instructions) EGISTRAR	Employer (See Instructions) MISD	)		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ HARTGRAVES, JASON Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu LAW ENFOR	pation / Job title (See Instructions) RCEMENT	Employer (See Instructions DART	)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ HATFIELD, ERIKA Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	)		Amount of Contribution (\$)	\$100.00
	Principal occu ANALYST	pation / Job title (See Instructions)	Employer (See Instructions USAA	)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 9/28 Rpt: 12/78	
2	FILER NAME Pierson, Katı	ina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 08/18/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	ROCKWALL, TX 75032 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	ANALYST	,		USAA	,		
	Date 09/18/2024	Full name of contributor out-of-s HATFIELD, ERIKA  Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$100.00
		ROCKWALL, TX 75032					
	Principal occu ANALYST	pation / Job title (See Instructions)		Employer (See Instructions USAA	s)		
	Date 11/18/2024	HATFIELD, ERIKA  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Drincinal occu	PACKWALL, TX 75032 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	ANALYST	oddon 7 30b tide (See mstructions)		USAA	')		
	Date 10/18/2024	HATFIELD, ERIKA		)		Amount of Contribution (\$)	\$100.00
	Principal occu ANALYST	pation / Job title (See Instructions)		Employer (See Instructions USAA	5)		
	Date 07/29/2024	Full name of contributor out-of-s HELKOWSKI, JUDITH  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/28 Rpt: 13/78			
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission Filers) 00088279			
4	Date 12/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ HENSON, SHARON  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$) \$80.00			
0	Dringing oggu	ROCKWALL, TX 75032	0 Employer (See Instructions					
8	ESTATE SA	pation / Job title (See Instructions) LES	9 Employer (See Instructions) SELF EMPLOYED	)				
	Date 12/14/2024	Full name of contributor			Amount of Contribution (\$) \$800.00			
	Principal occu	ROCKWALL, TX 75032 pation / Job title (See Instructions)	Employer (See Instructions	)				
	ESTATE SA		SELF EMPLOYED	,				
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ HILLCO PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00			
		AUSTIN, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_HOAR, CHRIS  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	)		Amount of Contribution (\$) \$78.08			
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)				
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ HOLLAND AND KNIGHT TEXAS PAC Contributor address; City; State; Zip Code  DALLAS, TX 75201	)		Amount of Contribution (\$) \$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: 11/28 Rpt: 14/78		
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)	
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ HOOVER SLOVACEK LLP  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	HOUSTON, TX 77210  pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
_	i illioipai ooda	pation 7 cos title (ecc metadotorio)	e Employer (Gee metactions	,			
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_HUDDLESTON, KASON  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$31.23	
		ROCKWALL, TX 75087					
	Principal occu MINISTER	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	)			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ HUFFINES, DON Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
		DALLAS, TX 75205					
	Principal occu REAL ESTA	pation / Job title (See Instructions) TE	Employer (See Instructions) SELF EMPLOYED	)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ HUFFINES, PHIL  Contributor address; City; State; Zip Code  DALLAS, TX 75225	)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu REAL ESTA	pation / Job title (See Instructions) TE	Employer (See Instructions SELF EMPLOYED	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ITKIN, JASON  Contributor address; City; State; Zip Code  HOUSTON, TX 77007			Amount of Contribution (\$)	\$5,000.00	
	Principal occu ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions ARNOLD & ITKIN LLP	)			

	MONET	ARY POLITICAL CONTRIBUTIO	)N	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 12/28 Rpt: 15/78	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 11/05/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	a	Employer (See Instructions	z)		
	OWNER	pation / 300 title (300 maracitons)	_	BRYAN'S LIMOUSINE	3)		
	Date 07/28/2024	Full name of contributor out-of-state PAC (ID#:_ JENKINS, WALTER  Contributor address; City; State; Zip Code  KINGWOOD, TX 77345			•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	RETIRED			RETIRED			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ KENNEDY, RHODY LYNN  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$83.28
	Principal occu	ROCKWALL, TX 75032 pation / Job title (See Instructions)		Employer (See Instructions	<u>                                     </u>		
	AGENT			PROGRESSIVE			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#: KICKAPOO TRADITIONAL TRIBE OF TEXAS  Contributor address; City; State; Zip Code  EAGLE PASS, TX 78852				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_ LEE A. WOODS PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/28 Rpt: 16/78			
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	n Filers)		
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ LINEBARGER GOGGAN BLAIR & SAMPSON, 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
_		AUSTIN, TX 78760						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ LIVINGSTON HEATING & AC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$60.00		
	Principal occu	ROCKWALL, TX 75032  upation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_LOEB, NICHOLAS  Contributor address; City; State; Zip Code  NEW YORK, NY 10003			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	ripation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:_MAHFOUZ, CHRISTL  Contributor address; City; State; Zip Code  LAFAYETTE, LA 70508			Amount of Contribution (\$)	\$37.00		
	Principal occu BUSINESS	ipation / Job title (See Instructions) OWNER	Employer (See Instructions) SELF EMPLOYED	)				
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_MCGINTY, DUSTAN  Contributor address; City; State; Zip Code  HOUSTON, TX 77002			Amount of Contribution (\$)	\$50.00		
	Principal occu COMPANY	pation / Job title (See Instructions) DRIVER	Employer (See Instructions) PAM TRANSPORT	)				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/28 Rpt: 17/78	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Pierson, Kat	rina L.			00088279	
4	Date 07/18/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/05/2024	MONCIBAIS, FERNANDO				\$30.00
		Contributor address; City; State; Zip Code				
	Dringing	ROCKWALL, TX 75032	Frankrije (Coo krativistica)			
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: MONCIBAIS, FERNANDO  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00
		HEATH, TX 75032				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	s)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/05/2024	MORGAN, GHOST STAR  Contributor address; City; State; Zip Code				\$30.00
		HEATH, TX 75032				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/01/2024	MUGGEO, PATRICIA				\$75.00
		Contributor address; City; State; Zip Code  ROCKWALL, TX 75087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> s)		
	RETIRED	,	RETIRED	,		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 18/78	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	ı Filers)
4	Date 08/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_NEASE, NELSON</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$500.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	LOBBYIST	,		CROSS OAK GROUP	•		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_NORTON, AIMEE Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$83.28
		ROCKWALL, TX 75087					
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)		
	Date 11/01/2024	Full name of contributor		)		Amount of Contribution (\$)	\$80.00
	Principal occu	PACKWALL, TX 75087 pation / Job title (See Instructions)	_	Employer (See Instructions	·/ 		
	REALTOR	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	·)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_NORTON, AIMEE  Contributor address; City; State; Zip Code  ROCKWALL, TX 75087		)		Amount of Contribution (\$)	\$350.00
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ O, MARK  Contributor address; City; State; Zip Code  ROCKWALL, TX 75032				Amount of Contribution (\$)	\$30.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 16/28 Rpt: 19/78	
2	FILER NAME Pierson, Katı	rina L.			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 12/13/2024	O'ROURKE, PETER	ate PAC (ID#:	)	7	Amount of Contribution (\$)	\$520.51
0	Dringinal accu	VIENNA, VA 22182 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
•	CONSULTA			SELF EMPLOYED	•)		
	Date 10/24/2024	O'ROURKE, PETER		)		Amount of Contribution (\$)	\$37.00
	Principal occu	VIENNA, VA 22182 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	CONSULTA			SELF EMPLOYED	,		
	Date 11/07/2024	Full name of contributor out-of-state OGLESBY, STEVE  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$31.23
	Dringing aggr	NASH, TX 75569		Employer (See Instructions	·/		
	FIELD COO	pation / Job title (See Instructions) RDINATOR		JOHN BIRCH SOCIETY	•		
	Date 12/10/2024	ONCOR TEXAS STATE POLITICAL  Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$1,500.00
	Principal occu	DALLAS, TX 75202 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 07/18/2024	Full name of contributor out-of-star PUBLIC BLUEPRINT LLC  Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ON	S		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	forn	n.	1	Total pages Schedule A1: Sch: 17/28 Rpt: 20/78
2	FILER NAME Pierson, Kat	ina L.			3	Filer ID (Ethics Commission Filers) 00088279
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$) \$250.00
8	Principal occu	TALLAHASSEE, FL 32312 pation / Job title (See Instructions)	T <sub>a</sub>	Employer (See Instructions	) 	
	REGIONAL			ACC	')	
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_REPUBLICAN PARTY OF ROCKWALL COUNT Contributor address; City; State; Zip Code	ΤY	)		Amount of Contribution (\$) \$6,000.00
	Drincinal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>,                                     </u>	
	Fillicipal occu	Jalion / Job title (See Instructions)		Employer (See instructions	')	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_REPUBLICAN PARTY OF ROCKWALL COUNT Contributor address; City; State; Zip Code	TY			Amount of Contribution (\$) \$300.00
		ROCKWALL, TX 75087				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_REPUBLICAN PARTY OF ROCKWALL COUNT Contributor address; City; State; Zip Code	TY			Amount of Contribution (\$) \$450.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_RICHIE, CARL  Contributor address; City; State; Zip Code  AUSTIN, TX 78701		)		Amount of Contribution (\$) \$500.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)	
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/28 Rpt: 21/78		
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	n Filers)	
4	Date 11/12/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
	· 	·					
	Date 07/06/2024	Full name of contributor	)		Amount of Contribution (\$)	\$21.07	
		HEATH, TX 75032					
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ ROLATER, DONNA Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$21.07	
		HEATH, TX 75032					
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)			
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ROLATER, DONNA  Contributor address; City; State; Zip Code  HEATH, TX 75032	)		Amount of Contribution (\$)	\$21.07	
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)			
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_ ROLATER, DONNA  Contributor address; City; State; Zip Code  HEATH, TX 75032			Amount of Contribution (\$)	\$21.07	
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 19/28 Rpt: 22/78	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 07/25/2024	<ul><li>5 Full name of contributor ROTH, DOUGLAS</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$21.07
_	Deignaignal	ROCKWALL, TX 75087	lo.	Francis vou (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) OF GLOBAL SERVICES	9	Employer (See Instructions CIENA	5)		
	Date 08/25/2024	Full name of contributor  ROTH, DOUGLAS  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$21.07
	Dringinal occu	ROCKWALL, TX 75087 pation / Job title (See Instructions)	т-	Employer (See Instructions	·/-		
		OF GLOBAL SERVICES		CIENA	)		
	Date 09/25/2024	Full name of contributor  ROTH, DOUGLAS  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$21.07
	Dringing agg	ROCKWALL, TX 75087 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		OF GLOBAL SERVICES		CIENA	)		
	Date 10/30/2024	Full name of contributor  ROTH, DOUGLAS  Contributor address; City; State  ROCKWALL, TX 75087	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$111.00
	•	pation / Job title (See Instructions) OF GLOBAL SERVICES		Employer (See Instructions	<u>l</u> 5)		
	Date 10/30/2024	Full name of contributor  ROTH, DOUGLAS  Contributor address; City; State  ROCKWALL, TX 75087	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$83.28
	•	pation / Job title (See Instructions) OF GLOBAL SERVICES		Employer (See Instructions	5)		
	BIRECTOR	OI SLOBAL SLIVICES		CILIVA			

	MONEI	ARY POLITICAL CONTR	KIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 20/28 Rpt: 23/78	
2	FILER NAME Pierson, Kat	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 10/08/2024	RYALL, JEAN  6 Contributor address; City; State; Zip Co	tate PAC (ID#:	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu CONSULTA	AUSTIN, TX 78724 pation / Job title (See Instructions) NT	9	Employer (See Instructions LEGISLATIVE AND REC		LATORY STRATEGY AND	)
	Date 12/10/2024	SALVERSON, PHYLLIS  Contributor address; City; State; Zip Co	tate PAC (ID#: de			Amount of Contribution (\$)	\$104.10
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	<u> </u> s)		
	Date 10/09/2024	Full name of contributor out-of-s SANCHEZ, ARMANDO Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$57.00
	Dringing! aggs	FATE, TX 75189 pation / Job title (See Instructions)		Employer (Coo Instructions	<u></u>		
	BOH SUP	pation 7 Job title (See Instructions)		Employer (See Instructions BRINKER INTERNATIO		<b>L</b>	
	Date 07/24/2024	Full name of contributor out-of-s SARANDIS, THEODORE  Contributor address; City; State; Zip Co  WESTLAKE, FL 33470	tate PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) MANAGEMENT		Employer (See Instructions SELF EMPLOYED	5)		
	Date 11/04/2024	Full name of contributor out-of-s SHULKIN, ZEV  Contributor address; City; State; Zip Co  DALLAS, TX 75230	tate PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu PHYSICIAN	pation / Job title (See Instructions)		Employer (See Instructions SHULKIN EYE ASSOCI		ES	
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 21/28 Rpt: 24/78	
2	FILER NAME Pierson, Katı	rina L.			3	Filer ID (Ethics Commission 00088279	n Filers)
4	Date 12/01/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$75.00
_		ROCKWALL, TX 75087	ı_		_		
8	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_STEFANSKY, YISROEL  Contributor address; City; State; Zip Code  BROOKLYN, NY 11230		)		Amount of Contribution (\$)	\$104.10
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ STEFANSKY, YISROEL  Contributor address; City; State; Zip Code  BROOKLYN, NY 11230			•	Amount of Contribution (\$)	\$37.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_STEFANSKY, YISROEL  Contributor address; City; State; Zip Code  BROOKLYN, NY 11230		)		Amount of Contribution (\$)	\$88.49
	Principal occu	pation / Job title (See Instructions) NEUR		Employer (See Instructions SELF EMPLOYED	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ TASSET, BRIAN  Contributor address; City; State; Zip Code  ROYSE CITY, TX 75189		)	•	Amount of Contribution (\$)	\$26.03
	Principal occu SALES	pation / Job title (See Instructions)		Employer (See Instructions WALMART	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 22/28 Rpt: 25/78			
2	FILER NAME Pierson, Kat	ina L.		3	Filer ID (Ethics Commission Filers) 00088279		
4	Date 10/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$10,000.00		
_		AUSTIN, TX 78701		Ĺ			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00		
	AUSTIN, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date Full name of contributor out-of-state PAC (ID#:) 07/29/2024 TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701			•	Amount of Contribution (\$) \$10,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 TEXANS FOR REASONABLE SOLUTIONS PAC  Contributor address; City; State; Zip Code  AUSTIN, TX 78741				Amount of Contribution (\$) \$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/22/2024 TEXANS UNITED FOR A CONSERVATIVE MAJORITY  Contributor address; City; State; Zip Code  VICTORIA, TX 77901				Amount of Contribution (\$) \$10,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/28 Rpt: 26/78			
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)		
4	Date 11/04/2024	5 Full name of contributor	JORITY	7	Amount of Contribution (\$)	\$1,000.00		
_		VICTORIA, TX 77901						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  09/09/2024 TEXANS UNITED FOR A CONSERVATIVE MAJORITY  Contributor address; City; State; Zip Code  VICTORIA, TX 77901				Amount of Contribution (\$)	\$1,000.00		
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date Full name of contributor out-of-state PAC (ID#:)  11/22/2024 TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00		
	Principal occu	FORT WORTH, TX 76185 pation / Job title (See Instructions)	Employer (See Instructions	(i)				
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: TEXAS APARTMENT ASSOCIATION  Contributor address; City; State; Zip Code  AUSTIN, TX 78701	)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DENTAL ASSOCIATION PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78704			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/28 Rpt: 27/78			
2	FILER NAME Pierson, Kat	rina L.		3	Filer ID (Ethics Commission 00088279	on Filers)		
4	Date 12/03/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00		
0	Dringing Lagge	AUSTIN, TX 78701	D. Employer (See Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/12/2024 TEXAS LAND TITLE ASSOCIATION PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 TEXAS OPTOMETRIC PAC  Contributor address; City; State; Zip Code  AUSTIN, TX 78705				Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS SANDS PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$4,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 TEXAS SOCIETY OF ANESTHESIOLOGISTS 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	)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 25/28 Rpt: 28/78				
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)		
4	Date 12/10/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$1,500.00		
•	Dringing! goog	AUSTIN, TX 78701	0 Employer (See Instructions					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2024 TEXAS TRIAL LAWYERS ASSOCIATION PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	AUSTIN, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions							
	Date Full name of contributor out-of-state PAC (ID#:)  08/07/2024 TUCKER, THOMAS  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$26.03		
		FATE, TX 75189						
	Principal occu RETIRED	ipation / Job title (See Instructions)	Employer (See Instructions) RETIRED	)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 TULEY, BROOKE  Contributor address; City; State; Zip Code  FATE, TX 75189		)		Amount of Contribution (\$)	\$124.92		
	Principal occu	pation / Job title (See Instructions)  GEMENT	Employer (See Instructions PROPER	)				
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2024 TULEY, SHARON  Contributor address; City; State; Zip Code  FATE, TX 75189				Amount of Contribution (\$)	\$160.00		
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions SELF EMPLOYED	)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 26/28 Rpt: 29/78		
2	FILER NAME Pierson, Kat			3	Filer ID (Ethics Commission 00088279	on Filers)	
4	Date 10/24/2024	5 Full name of contributor out-of-state PAC (ID#: VON DOHLEN, TIM 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	AUSTIN, TX 78733 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
_	ATTORNEY		SELF EMPLOYED	,			
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2024 WACKER, KATHRYN  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$78.08		
	Deinsinal assu	ROCKWALL, TX 75087	Frankrija (Can Instructiona				
	Principal occupation / Job title (See Instructions)  RETIRED  Employer (See Instructions)  RETIRED			)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 WACKER, ROBERT  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00	
		ROCKWALL, TX 75087					
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$166.56	
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions) RETIRED	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/04/2024 WEEKLEY, RICHARD  Contributor address; City; State; Zip Code  HOUSTON, TX 77027				Amount of Contribution (\$)	\$1,500.00	
	Principal occu FOUNDER	pation / Job title (See Instructions)	Employer (See Instructions)	)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to com	1	Total pages Schedule A1: Sch: 27/28 Rpt: 30/78				
2	FILER NAME Pierson, Katı	ina L.		3	Filer ID (Ethics Commission 00088279	on Filers)		
4	Date 10/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00		
_	Delin din al annu	AUSTIN, TX 78701	D. Faralana (Oct. Instruction					
8	ATTORNEY	pation / Job title (See Instructions)	9 Employer (See Instructions SELF EMPLOYED	s) 				
	Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 WHOLESALE BEER DISTRIBUTORS OF TEXAS PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	AUSTIN, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	 s)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 WILSON, KIRK  Contributor address; City; State; Zip Code  DALLAS, TX 75229				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions WESTERN FRONTIER	,				
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 WINE AND SPIRITS WHOLESALERS OF TEXAS PAC  Contributor address; City; State; Zip Code  AUSTIN, TX 78701		ERS OF TEXAS PAC		Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/01/2024 WOLFE, MICHAEL  Contributor address; City; State; Zip Code  HOUSTON, TX 77241				Amount of Contribution (\$)	\$50.00		
	•	pation / Job title (See Instructions)	Employer (See Instructions STATE OF TEXAS	s)				
			<u> </u>					

	MONET	TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
	The Instru	action Guide explains how to complete this	1 Total pages Schedule A1: Sch: 28/28 Rpt: 31/78	
2	FILER NAME Pierson, Kat			3 Filer ID (Ethics Commission Filers) 00088279
4	Date 11/05/2024	5 Full name of contributor out-of-state PAC (ID# WORTHY, KIMBERLY  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$31.23	
		ROCKWALL, TX 75032	<b>.</b>	
8	Principal occu MANAGER	upation / Job title (See Instructions)	9 Employer (See Instruction: SELF EMPLOYED	s)

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### 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/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salari  The Instruction Guide explains how to		s/Contract Labor OTHER (enter a category not listed above)  ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 32/78	Pierson, Katrina L.		00088279
4	Date	5 Payee name		
	10/21/2024	936 MEDIA LLC		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$9,800.00	1050 JOHNNIE DODDS BLVD		
		UNIT 2414		
		MOUNT PLEASANT, SC 29465		
8	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 MEDIA PRODUCTION
				MEDIA FRODUCTION
9	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	11/08/2024	BLUESTONE CREATIVES, LLC		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$27.50	5900 BALCONES DRIVE		
		STE 100		
		AUSTIN, TX 78731		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  COMPLIANCE CONSULTING
				COMI EIANCE CONSOLTINO
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office s	ought	Office held
	Data			
	Date	Payee name		
	11/08/2024	BLUESTONE CREATIVES, LLC		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$1,165.00	5900 BALCONES DRIVE		
		STE 100		
		AUSTIN, TX 78731		
	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
				DIGITAL ADVERTISING / SMS MESSAGING / CREATIVE DESIGN SERVICES
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office s	ouaht	Office held
	expenditure to benefit C/O		J•	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	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: 2/19 Rpt: 33/78	Pierson, Katrina L. 00088279
4	Date	5 Payee name
	11/08/2024	BLUESTONE CREATIVES, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	5900 BALCONES DRIVE
		STE 100
		AUSTIN, TX 78731
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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		WEB SERVICE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
⊨	Date	Payee name
	10/24/2024	CHAIN BRIDGE BANK
	Amount (\$)	, ,
	\$37.00	1445-A LAUGHLIN AVE
		MCLEAN, VA 22101
	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
		BANK FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/17/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,351.25	421 OFFICE PARK DR
	, _,	
		MOUNTAIN BROOK, AL 35223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## 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 Gift/Awards/Memorials Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula 54:		_
1	Total pages Schedule F1: Sch: 3/19 Rpt: 34/78	2 FILER NAME3 Filer ID(Ethics Commission Filers)Pierson, Katrina L.00088279	
4	Date	5 Payon nama	_
🕇		5 Payee name	
	09/06/2024	CROSBY OTTENHOFF GROUP	_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,056.25	421 OFFICE PARK DR	
		MOUNTAIN BROOK, AL 35223	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		COMPLIANCE CONSULTING	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Н	
H	Date	Payee name	=
	09/11/2024	CROSBY OTTENHOFF GROUP	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	421 OFFICE PARK DR	
		MOUNTAIN BROOK, AL 35223	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		COMPLIANCE CONSULTING	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	10/24/2024	CROSBY OTTENHOFF GROUP	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	421 OFFICE PARK DR	
L		MOUNTAIN BROOK, AL 35223	[
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LAF LINDI I URE	Check if Austin, TX, officeholder living expense	
		COMPLIANCE CONSULTING	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H .	

## 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 Gift/Awards/Memorials Expense

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

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

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

	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: 4/19 Rpt: 35/78	Pierson, Katrina L. 00088279
4	Date	5 Payee name
	11/21/2024	CROSBY OTTENHOFF GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	421 OFFICE PARK DR
		MOUNTAIN BROOK, AL 35223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COMPLIANCE CONSULTING
		COMPLIANCE CONSULTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	12/17/2024	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,057.50	421 OFFICE PARK DR
		MOUNTAIN BROOK, AL 35223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COMPLIANCE CONSULTING
		COMI LIANCE CONSOLTING
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	07/15/2024	ENTERPRISE CONSULTING GROUP, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	171 CHAMBERLAIN DR
	Ψ1,000.00	TIT CHAWBEILEAIN BIX
		FATE, TX 75189
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		PUBLIC RELATIONS CONSULTING
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

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

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/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract L			s/Contract Labor	, , , , , , , , , , , , , , , , , , , ,			
	·		The Instruction Guide	explains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 5/19 Rpt: 36/78	Pierson, K	atrina L.					00088279		
4	Date	5 Payee name	?							
	07/15/2024	ENTERPR	ISE CONSULTING	GROUP, LLC						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$64.56	171 CHAM	BERLAIN DR							
		FATE, TX	75189							
_	DUDD005				<i>a</i> >					
8	PURPOSE OF		See Categories listed at the top	o of this schedule)	(b)	Description		:	alata Calcadula T	
	EXPENDITURE	OTHER TR	RAVEL			<b>=</b>		ide of Texas. Comp , officeholder living		
						PARKING	, . , .	, omconcider name	одренее	
_	Complete ONLY if direct	Candidata/Of	ficeholder name	Office sou	ıaht			Office he	ald.	
9	expenditure to benefit C/OI		ilceriolder flame	Office sou	ıgrıt			Office fie	iu .	
	-									
	Date	Payee name	9							
	08/05/2024	ENTERPR	ISE CONSULTING	GROUP, LLC						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	171 CHAM	BERLAIN DR							
		FATE, TX	75189							
	DUDDOCE				/L\					
	PURPOSE OF		See Categories listed at the top	o of this schedule)	(D)	Description	oute	ide of Texas. Com	nloto Schodulo T	
	EXPENDITURE	Consulting	Expense					, officeholder living		
						PUBLIC REL				
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	ıaht			Office he	ıld	
	expenditure to benefit C/OI			000 000	.g			000		
		<del></del>								
	Date	Payee name								
	09/17/2024	ENTERPR	ISE CONSULTING	GROUP, LLC						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	171 CHAM	BERLAIN DR							
		FATE, TX	75189							
	PURPOSE	(a) Category "	See Categories listed at the top		(h)	Description				
	OF	Consulting		of this schedule)	(3)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Consuming	Ехрепас					, officeholder living		
						PUBLIC REL	AT	IONS CONS	SULTING	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI				-					

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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/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: 6/19 Rpt: 37/78	Pierson, Katrina L. 00088279					
4	Date	5 Payee name					
	10/03/2024	ENTERPRISE CONSULTING GROUP, LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,000.00	171 CHAMBERLAIN DR					
		FATE, TX 75189					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
	-	Check if Austin, TX, officeholder living expense PUBLIC RELATIONS CONSULTING					
		PUBLIC RELATIONS CONSULTING					
_	Complete ONLY if direct	Condidate/Office helder name Office accords					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
_							
	Date	Payee name					
	11/05/2024	ENTERPRISE CONSULTING GROUP, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	0 171 CHAMBERLAIN DR					
		FATE, TX 75189					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		PUBLIC RELATIONS CONSULTING					
		T OBLIG NEED (THOUSE OF THOSE TIME					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
H	Date	Payee name					
	12/02/2024	ENTERPRISE CONSULTING GROUP, LLC					
_							
	Amount (\$)						
	\$1,000.00	171 CHAMBERLAIN DR					
		FATE, TX 75189					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		PUBLIC RELATIONS CONSULTING					
		T OBEIG NEDATIONS CONSOCITIVE					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
-							

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rc)					
1	Sch: 7/19 Rpt: 38/78	2 FILER NAME Pierson, Katrina L.  3 Filer ID (Ethics Commission Filer O0088279)	5)					
4	Date	5 Payee name						
	12/16/2024	ENTERPRISE CONSULTING GROUP, LLC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$108.25	171 CHAMBERLAIN DR						
		FATE, TX 75189						
_	DUDDOCE							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		DONOR GIFTS						
		BONGK SIL 18						
<u> </u>	0 1: 0:::::::::::::::::::::::::::::::::							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experience to benefit of or							
	Date	Payee name						
	12/16/2024	ENTERPRISE CONSULTING GROUP, LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$220.83	171 CHAMBERLAIN DR						
	Ψ220.03	171 CHANDERLAIN DR						
		FATE, TX 75189						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
Check if Austin, TX, officenoider living expense								
		POSTAGE						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	H						
F	Date	Payee name						
	08/05/2024	GRIFFIN COMMUNICATIONS LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	176 VENICE COVE						
		AUSTIN, TX 78737						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		COMMUNICATIONS CONSULTING						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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:	· · · · · · · · · · · · · · · · · · ·	rc)
-	Sch: 8/19 Rpt: 39/78	Pierson, Katrina L. 00088279	5)
4	Date	5 Payee name	
	09/03/2024	GRIFFIN COMMUNICATIONS LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	176 VENICE COVE	
		AUSTIN, TX 78737	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		COMMUNICATIONS CONSULTING	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	10/03/2024	GRIFFIN COMMUNICATIONS LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	176 VENICE COVE	
		AUSTIN, TX 78737	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		COMMUNICATIONS CONSULTING	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	
	11/04/2024	GRIFFIN COMMUNICATIONS LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	176 VENICE COVE	
	,_,,,,,,,,		
		AUSTIN, TX 78737	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		COMMUNICATIONS CONSULTING	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH	

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 40/78	Pierson, Katrina L. 00088279
4	Date	5 Payee name
	09/30/2024	LUNAR DESIGN LAB LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,382.57	216 CALLAGHAN DR
		FATE, TX 75189
8	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
		ADVERTISING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	and the second of the second o
_	Date	Davies warms
	11/05/2024	Payee name LUNAR DESIGN LAB LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,344.66	216 CALLAGHAN DR
		FATE, TX 75189
	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  ADVERTISING
		ABVENTIONS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	B
	Date 12/19/2024	Payee name LUNAR DESIGN LAB LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$420.35	216 CALLAGHAN DR
		FATE, TX 75189
	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
		ADVERTISING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 10/19 Rpt: 41/78	Pierson, Katrina L.	00088279					
4	Date	5 Payee name						
	07/25/2024	PIERSON, KATRINA						
6	Amount (\$) \$2,787.18	7 Payee address; City; State; Zip Code PO BOX 672						
8	DLIDDOSE	ROCKWALL, TX 75087						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  REIMBURSEMENT: ADVERTISING, TRAVE FOOD / BEVERAGE, EMAIL MARKETING						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/16/2024	PIERSON, KATRINA						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,197.87	PO BOX 672						
		ROCKWALL, TX 75087						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense MENT: ADVERTISING, TRAVEL, ERAGE					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held					
	Date	Payee name						
	11/04/2024	PIERSON, KATRINA						
	Amount (\$) \$3,327.81	Payee address; City; State; Zip Code PO BOX 672						
		ROCKWALL, TX 75087						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T.  TX, officeholder living expense  MENT: ADVERTISING, TRAVEL,  ERAGE, EMAIL MARKETING					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

## 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 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							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 11/19 Rpt: 42/78	Pierson, Katrina L. 00088279						
4	Date	5 Payee name						
	12/02/2024	PIERSON, KATRINA						
6	Amount (\$) \$2,856.14	7 Payee address; City; State; Zip Code PO BOX 672						
		ROCKWALL, TX 75087						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  REIMBURSEMENT: ADVERTISING, TRAVEL,  FOOD / BEVERAGE, EMAIL MARKETING						
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	12/23/2024	PIERSON, KATRINA						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,752.60	PO BOX 672						
		ROCKWALL, TX 75087						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.						
Check if Austin, TX, officeholder living expense								
		REIMBURSEMENT: ADVERTISING, TRAVEL, FOOD / BEVERAGE, EMAIL MARKETING						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/25/2024	THE MCINTOSH COMPANY						
	Amount (\$) \$3,020.00	Payee address; City; State; Zip Code  9203 ESPLANADE DR						
		DALLAS, TX 75220						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense						
		Check if Austin, TX, officeholder living expense						
		FUNDRAISING CONSULTING						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
L	expenditure to benefit C/OH							

#### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/19 Rpt: 43/78 Pierson, Katrina L. 00088279 4 Date Payee name 12/16/2024 THE MCINTOSH COMPANY 6 Amount (\$) Payee address; City; State; Zip Code \$10,500.00 9203 ESPLANADE DR DALLAS, TX 75220 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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **FUNDRAISING CONSULTING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2024 WINRED TECHNICAL SERVICES, LLC Amount (\$) Payee address; City; State; Zip Code \$0.83 1776 WILSON BLVD **STE 530** ARLINGTON, VA 22219 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/15/2024 WINRED TECHNICAL SERVICES, LLC Amount (\$) Payee address: City: State; Zip Code \$0.83 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219 **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 CREDIT CARD PROCESSING FEES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 44/78	Pierson, Katrina L. 00088279
4	Date	5 Payee name
	07/22/2024	WINRED TECHNICAL SERVICES, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.77	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
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
		CREDIT CARD PROCESSING FEES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/29/2024	WINRED TECHNICAL SERVICES, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
	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
		CREDIT CARD PROCESSING FEES
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantare to benefit eror	
	Date	Payee name
	08/05/2024	WINRED TECHNICAL SERVICES, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.82	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CREDIT CARD PROCESSING FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:						
_	Sch: 14/19 Rpt: 45/78	Pierson, Katrina L. 00088279					
4	Date	5 Payee name					
	08/12/2024	WINRED TECHNICAL SERVICES, LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1.86	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
8	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					
		CREDIT CARD PROCESSING FEES					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
L		·					
	Date	Payee name					
	08/19/2024	WINRED TECHNICAL SERVICES, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$4.10	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
	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.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		CREDIT CARD PROCESSING FEES					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	<b>y</b>					
	Date	Payee name					
L	08/26/2024	WINRED TECHNICAL SERVICES, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$8.04	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
	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					
		CREDIT CARD PROCESSING FEES					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 46/78	Pierson, Katrina L. 00088279
4	Date	5 Payee name
	09/03/2024	WINRED TECHNICAL SERVICES, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
-	\$0.83	1776 WILSON BLVD
	40.00	STE 530
		ARLINGTON, VA 22219
_	DUDD 0.05	
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
		CREDIT CARD PROCESSING FEES
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	WINRED TECHNICAL SERVICES, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.93	1776 WILSON BLVD
	Ψ4.00	STE 530
		ARLINGTON, VA 22219
	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
		CREDIT CARD PROCESSING FEES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	WINRED TECHNICAL SERVICES, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.19	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
	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
		CREDIT CARD PROCESSING FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

	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: 16/19 Rpt: 47/78	Pierson, Katrina L. 00088279
4	Date	5 Payee name
	09/30/2024	WINRED TECHNICAL SERVICES, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.90	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
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
		CREDIT CARD PROCESSING FEES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	WINRED TECHNICAL SERVICES, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.22	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
_	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
		CREDIT CARD PROCESSING FEES
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit eror	
	Date	Payee name
	10/15/2024	WINRED TECHNICAL SERVICES, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.60	1776 WILSON BLVD
		STE 530
		ARLINGTON, VA 22219
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CREDIT CARD PROCESSING FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

abursement Solicitation/Fundraising Expense
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		mmittee	Legal Services  The Instruction Gu	•		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
_	Total mariae Cabadula F1.	1						1	_	Files ID	(Ethias Commission Filora)	_
1	Total pages Schedule F1: Sch: 17/19 Rpt: 48/78	2	Pierson, Kat						3	Filer ID 00088279	(Ethics Commission Filers)	
4	Date	_	Davis a name									_
4	10/21/2024		Payee name WINRED TE	ECHNICAL SER	VICES, LLC							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					_
	\$7.79		1776 WILSO	ON BLVD								
			STE 530									
			ARLINGTO	V VA 22210								
		_		N, VA 22219								$\perp$
8	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	EXPENDITURE		Fees							de of Texas. Con officeholder livin	nplete Schedule T.	
								CREDIT CAR				
								CILEDIT CA	(0	I KOCLOOI	NOTELS	
_	Operation ONE Wife disease	<u> </u>	O			· · · · · · · · · · · · · · · · · · ·				O#: I-	-1-1	_
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Oi	ffice sou(	gnt			Office h	ela	
	Date		Payee name									
	10/28/2024		WINRED TE	ECHNICAL SER	VICES, LLC							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.40		1776 WILSO	ON BLVD								
			STE 530									
				V VA 22210								
		<u> </u>	ARLINGTO									_
	PURPOSE OF	(a)		e Categories listed at t	ne top of this sche	dule)	(b)	Description		d4.T O	onless Calcadula T	
	EXPENDITURE		Fees					<b>=</b>		officeholder livin	nplete Schedule T.	
								CREDIT CAR				
								0.12				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice soug	aht			Office h	eld	_
	expenditure to benefit C/O		24.14.44.67		0.		9			000	o.u	
_												_
	Date		Payee name									
	11/04/2024		WINRED IE	ECHNICAL SER	VICES, LLC	,						
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$41.57		1776 WILSO	ON BLVD								
			STE 530									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)		e Categories listed at t	no top of this acha	dulo)	(þ)	Description				_
	OF	``	Fees	e Calegories listed at ti	ie top of this scrie	uule)	()		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	, TX,	officeholder livin	g expense	
								CREDIT CAR	RD	PROCESSI	NG FEES	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held											
	expenditure to benefit C/OH											
1												

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 18/19 Rpt: 49/78		00088279				
4	Date	5 Payee name					
	11/12/2024	WINRED TECHNICAL SERVICES, LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$49.44						
		STE 530					
		ARLINGTON, VA 22219					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense				
		·	ARD PROCESSING FEES				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	DH					
	Date	Payee name					
	11/18/2024	WINRED TECHNICAL SERVICES, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$4.51	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.				
		I — I —	tin, TX, officeholder living expense				
		GREEN OF	IND I NOCESSING I LES				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	DH					
	Date	Payee name					
	11/25/2024	WINRED TECHNICAL SERVICES, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.94	1776 WILSON BLVD					
		STE 530					
		ARLINGTON, VA 22219					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.				
	LAPENDITORE	1	tin, TX, officeholder living expense				
		CREDIT CA	ARD PROCESSING FEES				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

	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: 19/19 Rpt: 50/78	Pierson, Katrina L. 00088279	
4	Date	5 Payee name	
	12/02/2024	WINRED TECHNICAL SERVICES, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$241.10	1776 WILSON BLVD	
		STE 530	
		ARLINGTON, VA 22219	
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.	
		CREDIT CARD PROCESSING FEES	
		CREDIT CARD TROCESSING FEES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	12/16/2024	WINRED TECHNICAL SERVICES, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$659.33	1776 WILSON BLVD	
		STE 530	
		ARLINGTON, VA 22219	
	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.	
		CREDIT CARD PROCESSING FEES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	12/23/2024	WINRED TECHNICAL SERVICES, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.57	1776 WILSON BLVD	
		STE 530	
		ARLINGTON, VA 22219	
	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.	
		CREDIT CARD PROCESSING FEES	
		CREDIT CARD PROCESSING FEES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

#### SCHEDULE G

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in District Travel Out of Dist	trict category not listed above)
			The Instruction Guide explains	now to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				1	`	thics Commission Filers)
	Sch: 1/27 Rpt: 51/78	Pierson, Ka	atrina L.				00088279	
4	Date	5 Payee name						
	09/22/2024	ADOBE						
6	Amount (\$)	7 Payee addre	•	; Zip Co	ode			
	\$285.13	345 PARK	AVE					
	X Reimbursement from political contributions intended	SAN JOSE	, CA 95110					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=		de of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense		L	Che	eck if Austin, TX,	officeholder living expense
					SOFTWARE			
_	Complete ONLY if direct	Candidata/Office	holder name		Office sought			ffice hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	пошег патте		Office sought		O	ffice held
	Date	Payee name						
	10/08/2024	AMAZON						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$24.88	410 TERRY	Y AVE N					
	Reimbursement from political contributions							
	X political contributions intended	SEATTLE,	WA 98109					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	_		de of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense		[	Che	eck if Austin, TX,	officeholder living expense
					SUPPLIES			
_	Complete ONLY if direct	Candidata/Office	holder name		Office sought			ffice hold
	Complete ONLY if direct expenditure to benefit	Canuldate/Office	пошентатте		Office sought		O	ffice held
	C/OH							
	Date	Payee name			<del></del> _			
	12/22/2024	AMAZON						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$1,253.23	410 TERRY	Y AVE N					
	Reimbursement from political contributions							
	X   political contributions intended	SEATTLE,	WA 98109					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description			de of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			_		officeholder living expense
					OFFICE EQUIPN	MEN	T	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		0:	ffice held
	expenditure to benefit C/OH	Canadate/Onice	HONOL HAINE		Onice Sought		O	moo nou

#### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	morials Expense	Polling Exper Printing Exper Salaries/Wag	ense ges/Contract Labor	Trav Trav	rsportation Equipment yel in District yel Out of District HER (enter a category i	
		The Instruc	tion Guide explains h	ow to com	plete this form.			
1	Total pages Schedule G: Sch: 2/27 Rpt: 52/78	2 FILER NAME Pierson, Katrina L.				3 File	er ID (Ethics Co 088279	ommission Filers)
_	<u> </u>	•				00		
4	Date 07/01/2024	5 Payee name AMERICAN AIRLINES	3					
6	Amount (\$)	7 Payee address; City	State;	Zip Code	<del></del>			
	\$414.94	1 SKYVIEW DR						
	Reimbursement from							
	X political contributions intended	FORT WORTH, TX 76	5155					
8	PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sched	dule) (k	<b>)</b> Description	=		s. Complete Schedule T.
	EXPENDITURE	Travel Out of District			L	Check	if Austin, TX, officehold	er living expense
					RAVEL			
_	Complete ONL V if direct	Candidata/Officabaldar nama			Office cought		Office he	Id
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name			Office sought		Office he	iu
	C/OH							
	Date	Payee name						
	08/01/2024	AMERICAN AIRLINES	6					
	Amount (\$)	Payee address; City	State;	Zip Code	)			
	\$19.00	1 SKYVIEW DR						
	Reimbursement from political contributions							
	X political contributions intended	FORT WORTH, TX 76	5155					
	PURPOSE	Category (See Categories lis	sted at the top of this sched	dule)	Description	_		s. Complete Schedule T.
	OF EXPENDITURE	OTHER TRAVEL			<u> </u>	Check	if Austin, TX, officehold	er living expense
				l ir	NFLIGHT WIFI			
	Complete ONLY if direct	Candidate/Officeholder name			Office sought		Office he	Id
	expenditure to benefit	Candidate/Officeriolder flame			Office Sought		Office fie	iu
	C/OH							
	Date	Payee name						
	08/03/2024	AMERICAN AIRLINES	5					
	Amount (\$)	Payee address; City	State;	Zip Code	9			
	\$149.99	1 SKYVIEW DR						
	Reimbursement from political contributions							
	intended	FORT WORTH, TX 76	3155					
	PURPOSE OF	Category (See Categories lis	sted at the top of this sched	dule)	Description	_		s. Complete Schedule T.
	EXPENDITURE	Travel Out of District		_	L	Спеск	if Austin, TX, officehold	er living expense
					RAVEL			
	Complete ONLY if direct	Candidate/Officeholder name			Office sought		Office he	ld .
	expenditure to benefit	Candidate/Onicendider Hallie			Onice Sougill		Office fie	iu
	C/OH							

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/27 Rpt: 53/78 Pierson, Katrina L. 00088279 Date Payee name 08/04/2024 AMERICAN AIRLINES Amount (\$) Payee address; City; State; Zip Code 1 SKYVIEW DR \$23.00 Reimbursement from political contributions Х intended FORT WORTH, TX 76155 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense OTHER TRAVEL **EXPENDITURE INFLIGHT WIFI** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2024 AMERICAN LEGION Amount (\$) Payee address; City; State; Zip Code \$1,000.00 189 VETERANS DR SE Reimbursement from political contributions Χ PALM BAY, FL 32909 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **SPONSORSHIPS** Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/16/2024 ARBOLEDAS MEXICAN GRILL State; Zip Code Amount (\$) Payee address; City; \$58.98 1103 RIDGE RD Reimbursement from Χ political contributions intended ROCKWALL, TX 75087 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** FOOD / BEVERAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

#### **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		mittee I	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		kpense /ages/Contract Labor			District ut of District (enter a category not lis	sted above)
1	Total pages Schedule G:		ILER NAME					1	Filer ID	•	nission Filers)
	Sch: 4/27 Rpt: 54/78		Pierson, Kat	rina L.					00088	279 	
4	Date	ı	Payee name	I AND CONFE	DENOE OF	NITED					
	12/08/2024			L AND CONFE							
6	Amount (\$)	l	Payee addres		State;	Zip Co	de				
	\$238.68	1	1900 UNIVE	RSITY AVE							
	X Reimbursement from political contributions intended	<u> </u>	AUSTIN, TX	78705							
8	PURPOSE	(a) C	Category (Se	e Categories listed at the	e top of this sch	edule)	(b) Description	Ch	eck if trav	rel outside of Texas. C	omplete Schedule T.
	OF EXPENDITURE		OTHER TRA	AVEL			L	Ch	eck if Aus	stin, TX, officeholder liv	ing expense
							LODGING				
Ļ	Commission ONLL V if disease		li data (Officale	aldau nama			Office security			Office hold	
9	Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate/Officeh	older name			Office sought			Office held	
	Date	F	Payee name								
	11/25/2024	E	BJ'S RESTA	URANT & BRE	WHOUSE						
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de				
	\$30.82	3	3200 EXPRI	ESSWAY 83							
	Reimbursement from political contributions intended	N	MCALLEN, <sup>-</sup>	TX 78501							
	PURPOSE	C	Category (Se	e Categories listed at the	e top of this sche	edule)	Description	=		rel outside of Texas. C	
	OF EXPENDITURE	F	Food/Bevera	age Expense			L	_		stin, TX, officeholder liv	ing expense
							FOOD / BEVER	AGE	-		
	Complete ONLY if direct	Cand	didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit	Ouria	ilaate/Omeen	older flame			Omce Sought			Office field	
	C/OH										
	Date	P	Payee name								
	08/01/2024	E	BREWED								
	Amount (\$)	l	Payee addres		State;	Zip Co	de				
	\$9.72		2400 AVIAT	ION DR							
	Reimbursement from political contributions	5	STE D25								
	intended		DALLAS, TX	( 75261							
	PURPOSE OF			e Categories listed at the	e top of this sch	edule)	Description	_		rel outside of Texas. C	
	EXPENDITURE	F	Food/Bevera	age Expense			FOOD / BEVER	_		stin, TX, officeholder liv	ing expense
							FOOD / BEVER/	HGE	_		
	Complete ONLY if direct	<u>l</u> Cand	lidate/Officeh	older name			Office sought			Office held	
	expenditure to benefit C/OH						Ç ·				
_											

#### SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
	orodic odra i dymone		The Instruction Guide explains how to co	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 5/27 Rpt: 55/78		Pierson, Katrina L.			00088279
4	Date	5	Payee name			
	07/29/2024		CHILDREN'S ADVOCACY CENTER			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$500.00		1350 E WASHINGTON ST			
	Reimbursement from political contributions					
	intended		ROCKWALL, TX 75087			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	╡	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	L	_	heck if Austin, TX, officeholder living expense
			Candidate/Officeriolder/Political Committee	SPONSORSHIPS	5	
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held
•	expenditure to benefit	•	iandato, o moonolada hamo	emee eeag		0.1100 1.010
	C/OH					
	Date		Payee name			
	09/23/2024		CULPEPPER CATTLE COMPANY			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$93.21		309 E I-30 FRONTAGE RD			
	Reimbursement from political contributions					
	X   political contributions intended		ROCKWALL, TX 75087			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense	L	_	heck if Austin, TX, officeholder living expense
				FOOD / BEVERA	١G١	Ξ
	Complete ONII V if direct	<u> </u>	adidata/Office balder reces	Office severbt		Office hold
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					
	Date	Г	Payee name			
	07/01/2024		DALLAS/FORT WORTH INTERNATIONAL AI	RPORT		
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$32.00		2400 AVIATION DR			
	Reimbursement from political contributions					
	y political contributions intended		DFW AIRPORT, TX 75261			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVEL	L	] c	heck if Austin, TX, officeholder living expense
				PARKING		
	Complete Chilly's "	<u></u>	adidate/Officelyaldan	O#:		046
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					

#### SCHEDULE G

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME	=			3 Filer ID (Ethics Commission Filers)
ľ	Sch: 6/27 Rpt: 56/78	-	Pierson, Ka				00088279
Ļ	·	_	•				00000210
4	Date	5	Payee name				
L	07/01/2024		DOC POPO	CORN			
6	Amount (\$)	7	Payee addre	ss; City; State	; Zip Co	ode	
	\$68.72		8687 N CE	NTRAL EXPRESSWAY			
	Reimbursement from		STE 2316				
	X political contributions intended		DALLAS, T	X 75225			
8	PURPOSE	(2)		ee Categories listed at the top of this sch	andula)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	رم <sub>ا</sub>			iedule)	(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		F00u/Bever	rage Expense		FOOD / BEVERA	
						FOOD / BEVERA	AGE
Ļ		Ļ				<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name		Office sought	Office held
Г	Date		Payee name				
	11/26/2024		•	SE RENT-A-CAR			
⊢	Amount (\$)	┝	Payee addre	ss; City; State	; Zip Co	nde	
	\$91.44		3030 AIRP	•	, <u>L</u> .p O	odo	
			JUJU AII (	OICI DIC			
	X Reimbursement from political contributions intended		HARLINGE	N, TX 78550			
	PURPOSE		Category (s	ee Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out	of District			Check if Austin, TX, officeholder living expense
						TRAVEL	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name		Office sought	Office held
F	Date	Ē	Payee name				
	09/20/2024		FOUR SEA				
⊢	Amount (\$)	├	Payee addre		; Zip Co	nde	
	\$888.78		98 JACINT		, Zip C(	ouc	
			30 JACINI	OBLVD			
	X Reimbursement from political contributions intended		AUSTIN, T	X 78701			
	PURPOSE		Category (S	ee Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TR	AVEL			Check if Austin, TX, officeholder living expense
	LAFLINDITORE					LODGING	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name		Office sought	Office held

#### SCHEDULE G

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

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 Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	kpense /ages/Contract Labor		Travel in D Travel Out		
			The Instruction Guide explains h	now to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/27 Rpt: 57/78	Pierson, Kat	rina L.				000882	279	
4	Date	5 Payee name							
	08/02/2024		PALMS RESORT						
6	Amount (\$)	7 Payee addres	s; City; State;	Zip Co	ide .				
ľ	\$119.98		CEOLA PKWY	21p 00	de				
		0000 W 030	SLOL/(TRWT						
	X Reimbursement from political contributions intended	KISSIMMEE	E, FL 34746						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel	l outside of Texas. Complete Schedule	Т.
	OF EXPENDITURE	OTHER TRA	AVEL			Ch	eck if Austi	n, TX, officeholder living expense	
	LAFEINDITORE				LODGING				
9	Complete ONLY if direct	Candidate/Officeh	older name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee name							
	07/01/2024	GODADDY							
	Amount (\$)	Payee addres	s; City; State;	Zip Co	de				
	\$44.34	2155 E. GO	DADDY WAY						
	Reimbursement from								
	x political contributions intended	TEMPE, AZ	85284						
_	PURPOSE	_	e Categories listed at the top of this sche	odulo)	Description	☐ Ch	eck if travel	I outside of Texas. Complete Schedule	т
	OF		nead/Rental Expense	edule)		=		n, TX, officeholder living expense	
	EXPENDITURE	Office Over	icau/Neritai Experise		WEB SERVICE				
_	Complete ONLY if direct	Candidate/Officeh	older name		Office sought			Office held	_
	expenditure to benefit	candidate/Onicen	older Harrie		Office sought			Office field	
	C/OH								
	Date	Payee name							
	07/01/2024	GOOGLE LI	_C						
_	Amount (\$)	Payee addres		Zip Co	.de				
	\$7.68	_	ITHEATRE PKWY	2.p 00					
	•	1000711111111							
	X Reimbursement from political contributions intended	MOUNTAIN	VIEW, CA 94043						
	PURPOSE	Category (Se	e Categories listed at the top of this sche	edule)	Description	Ch	eck if travel	l outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Office Overh	nead/Rental Expense			Ch	eck if Austi	n, TX, officeholder living expense	
	LXI LINDITORL				WEB SERVICE				
		Candidate/Officeh	older name		Office sought			Office held	
	expenditure to benefit								
	C/OH								

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	12	FILER NAME			3	Filer ID (Ethics Commission Filers)
1	Sch: 8/27 Rpt: 58/78	1	Pierson, Katrina L.			3	00088279
4	Date	5	Payee name				
	08/31/2024	1	GOOGLE LLC				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$7.68		1600 AMPHITHEATRE PKWY				
	Reimbursement from political contributions intended		MOUNTAIN VIEW, CA 94043				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cł	neck if Austin, TX, officeholder living expense
	EXI ENDITORE				WEB SERVICE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	09/01/2024		GOOGLE LLC				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$7.68		1600 AMPHITHEATRE PKWY				
	Reimbursement from political contributions intended		MOLINITAINI VIEW CA 04042				
		₩	MOUNTAIN VIEW, CA 94043		<del>.</del>	_	
	PURPOSE OF	1	Category (See Categories listed at the top of this sche	dule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Office Overhead/Rental Expense		L	] (	leck if Austin, 17, officerolaer living expense
					WEB SERVICE		
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	<u>_</u>	F1 - 10" 1 11		0"		0.00
	Complete ONLY if direct expenditure to benefit C/OH	Can	aldate/Officenolder name		Office sought		Office held
f	Date	ī	Payee name				
	09/30/2024	1	GOOGLE LLC				
$\vdash$	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	ode		
	\$8.95	1	1600 AMPHITHEATRE PKWY	- 50	-		
	Reimbursement from						
	x political contributions intended		MOUNTAIN VIEW, CA 94043				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description		neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		L	Ch	neck if Austin, TX, officeholder living expense
					WEB SERVICE		
	Complete ONLY if direct	Can	didate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH		-		<b>3</b> · •		•

#### SCHEDULE G

#### **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		mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid			kpense /ages/Contract Labor		Travel in D Travel Out OTHER (er		
1	Total pages Schedule G: Sch: 9/27 Rpt: 59/78	2	FILER NAM Pierson, Ka					3	Filer ID 000882	(Ethics Commission Filer	s)
4	Date	5	Payee name	9				<u> </u>			
	10/31/2024		GOOGLE I	LLC							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$15.35		1600 AMPI	HITHEATRE PKW	Y						
	Reimbursement from political contributions intended		MOUNTAII	N VIEW, CA 94043							
8	PURPOSE	(a)	Category (S	See Categories listed at the t	op of this sche	edule)	(b) Description	Cł	neck if travel	outside of Texas. Complete Sched	ule T.
	OF EXPENDITURE		Office Ove	rhead/Rental Expe	nse			Ch	neck if Austir	n, TX, officeholder living expense	
							WEB SERVICE				
_	2 1 2 2 2 2 2 2 2	Ļ									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	cholder name			Office sought			Office held	
	Date		Payee name	;							
	11/30/2024		GOOGLE I	LLC							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
	\$15.35		1600 AMPI	HITHEATRE PKW	Y						
	Reimbursement from political contributions intended		MOUNTAII	N VIEW, CA 94043							
	PURPOSE OF		Category (S	See Categories listed at the t	op of this sche	edule)	Description	=		outside of Texas. Complete Sched	ule T.
	EXPENDITURE		Office Ove	rhead/Rental Expe	nse		L	Cr	neck if Austir	n, TX, officeholder living expense	
							WEB SERVICE				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	eholder name			Office sought			Office held	
	Date	Γ	Payee name	)							
	11/26/2024		GRANT MI	LLER GROUP, LL	С						
	Amount (\$)	Γ	Payee addre	ess; City;	State;	Zip Co	de				
	\$1,217.81		5115 OAK	SHADOW CT							
	Reimbursement from political contributions intended		DALLAS, T	X 75287							
	PURPOSE		Category (S	See Categories listed at the t	op of this sche	edule)	Description	_		outside of Texas. Complete Sched	ule T.
	OF EXPENDITURE		Advertising	Expense				_	neck if Austir	n, TX, officeholder living expense	
							PHOTOGRAPH'	Y			
	Complete ONLY if direct	<u>C</u>	adidata/Office	sholder name			Office occurses			Office hold	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ididate/Office	eholder name			Office sought			Office held	

#### SCHEDULE G

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing	Expense Expense s/Wages/Contract Labor complete this form.		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	<b>2</b> F	ILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 10/27 Rpt: 60/78	F	Pierson, Katrina L.			00088279
4	Date	5 F	Payee name			
	10/20/2024	+	ILTON AUSTIN ARBORETUM			
6	Amount (\$)	7 F	Payee address; City; State; Zip C	Code		
	\$209.42	9	505 STONELAKE BLVD			
	Reimbursement from political contributions intended	ļ ,	AUSTIN, TX 78759			
8	PURPOSE	(a) (	Category (See Categories listed at the top of this schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVEL		CI	heck if Austin, TX, officeholder living expense
				LODGING		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate/Officeholder name	Office sought		Office held
	Date	F	Payee name			
	09/18/2024	+	HOTEL INDIGO			
	Amount (\$)	F	Payee address; City; State; Zip C	Code		
	\$49.80	8	10 RED RIVER ST			
	Reimbursement from political contributions intended	<i> </i>	AUSTIN, TX 78701			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	F	Food/Beverage Expense	L		heck if Austin, TX, officeholder living expense
				FOOD / BEVER/	٩G	≡
	One and the ONE Wife disease	0	idea (Office Includes	Off:		Office health
	Complete ONLY if direct expenditure to benefit C/OH	Cano	idate/Officeholder name	Office sought		Office held
	Date	F	Payee name			
	09/18/2024	+	HOTEL INDIGO			
	Amount (\$)	F	Payee address; City; State; Zip C	Code		
	\$43.30	8	10 RED RIVER ST			
	Reimbursement from					
	X political contributions intended	/	AUSTIN, TX 78701			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVEL		CI	heck if Austin, TX, officeholder living expense
				PARKING		
	Complete ONLY if direct	Cand	idate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH	Janu	nater emocritice name	Onice sought		Office field

#### SCHEDULE G

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

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	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Tr Tr	avel in District avel Out of Distr	ict ategory not listed above)
	,		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAM	E			3 Fi	ler ID (Eth	nics Commission Filers)
	Sch: 11/27 Rpt: 61/78	Pierson, K	atrina L.			00	0088279	
4	Date	5 Payee name	2					
	08/07/2024	HOTEL TO						
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$238.00	901 MARK	ET ST #310					
	Reimbursement from							
	X political contributions intended	SAN FRAN	ICISCO, CA 94103					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Checl	k if travel outside	e of Texas. Complete Schedule T.
	OF EXPENDITURE	OTHER TR	RAVEL			Checl	k if Austin, TX, o	fficeholder living expense
	EXPENDITURE				LODGING			
9	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Of	fice held
	expenditure to benefit				ŭ			
	C/OH							
	Date	Payee name	e					
	09/18/2024	HOTEL TO	NIGHT					
	Amount (\$)	Payee addre	ess; City; State:	; Zip Co	nde			
	\$444.00	1 1	ET ST #310	, 2ip 00	, ac			
		JOI WARK	L1 31 #310					
	Reimbursement from political contributions		101000 04 04400					
	intended	SAN FRAN	ICISCO, CA 94103					
	PURPOSE OF	Category (	See Categories listed at the top of this sch	edule)	Description			e of Texas. Complete Schedule T.
	EXPENDITURE	OTHER TE	RAVEL		L	Checi	k if Austin, TX, o	fficeholder living expense
					LODGING			
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Of	fice held
	expenditure to benefit C/OH							
		1						
	Date	Payee name						
	09/30/2024	HOTEL TO	NIGHT					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$344.00	901 MARK	ET ST #310					
	Reimbursement from							
	X political contributions intended	SAN FRAN	ICISCO, CA 94103					
	PURPOSE	Category (	See Categories listed at the top of this sch	edule)	Description	Checl	k if travel outside	e of Texas. Complete Schedule T.
	OF EXPENDITURE	OTHER TE	RAVEL			Checl	k if Austin, TX, o	fficeholder living expense
	LXI LINDITORL				LODGING			
		Candidate/Office	eholder name		Office sought		Of	fice held
	expenditure to benefit							
	C/OH							

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/I Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services Salaries/Wages/Co	tental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)
_	Tatal manage Calcadala Co	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1	Total pages Schedule G: Sch: 12/27 Rpt: 62/78	2 FILER NAME Pierson, Katrina L.	3 Filer ID (Ethics Commission Filers) 00088279
4	Date	5 Payee name	
	10/18/2024	HOTEL TONIGHT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$223.00	901 MARKET ST #310	
	Reimbursement from political contributions intended	SAN FRANCISCO, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	OTHER TRAVEL	Check if Austin, TX, officeholder living expense
	EXPENDITORE	LOD	GING
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought Office held
	Date	Payee name	
	11/28/2024	HP INSTANT INK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.40	3000 HANOVER ST	
	Reimbursement from political contributions intended	PALO ALTO, CA 94304	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense SUP	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought Office held
	Date	Payee name	
	12/28/2024	HP INSTANT INK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.57	3000 HANOVER ST	
	Reimbursement from		
	political contributions intended	PALO ALTO, CA 94304	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	LAFENDITORE	SUP	PLIES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought Office held

#### SCHEDULE G

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

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	Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Travel in D Travel Out		
	·		The Instruction Guide explain	is how to co	omplete this form.				
1		2 FILER N	AME			3	Filer ID	(Ethics Commission File	rs)
	Sch: 13/27 Rpt: 63/78	Pierson	, Katrina L.				000882	79	
4	Date	5 Payee n	ame						
	11/25/2024	HUDSC	N NEWS						
6	Amount (\$)	7 Payee a	ddress; City; Stat	te; Zip Co	ode				
	\$8.96	8008 H	ERB KELLEHER WAY						
	Reimbursement from								
	X political contributions intended	DALLA:	S, TX 75235						
8	PURPOSE	(a) Categor	/ (See Categories listed at the top of this s	chedule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Sched	lule T.
_	OF	l` <i>'</i>	everage Expense			Ch	eck if Austir	n, TX, officeholder living expense	
	EXPENDITURE				FOOD / BEVERA	AGE			
9	Complete ONLY if direct	<u> </u>	fficeholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	C/OTT								
	Date	Payee n	ame						
	08/21/2024	KOUNG	THAI RESTAURANT						
	Amount (\$)	Payee a	ddress; City; Stat	te; Zip Co	ode				
	\$42.88	2006 S	OUTH GOLIAD ST						
	Reimbursement from	#21B							
	X political contributions intended	ROCKV	VALL, TX 75087						
	PURPOSE	Category	/ (See Categories listed at the top of this s	chedule)	Description	Ch	eck if travel	outside of Texas. Complete Sched	lule T.
	OF EXPENDITURE	Food/B	everage Expense		[	Ch	eck if Austir	n, TX, officeholder living expense	
	EXI ENDITORE				FOOD / BEVERA	4GE			
	Complete ONLY if direct	Candidate/O	fficeholder name		Office sought			Office held	
	expenditure to benefit C/OH								
		<u> </u>							
	Date	Payee n							
	07/07/2024		NTA INN & SUITES						
	Amount (\$)	Payee a	•	te; Zip Co	ode				
	\$83.07	300 E 1	1TH ST						
	Reimbursement from political contributions								
	intended	AUSTIN	I, TX 78701						
	PURPOSE OF	l "	/ (See Categories listed at the top of this s	chedule)	Description	_		outside of Texas. Complete Sched	lule T.
	EXPENDITURE	OTHER	TRAVEL		L	Ch	eck if Austir	n, TX, officeholder living expense	
					LODGING				
	0 1: 0:::::::::::::::::::::::::::::::::		·		0.00			000	
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/O	fficeholder name		Office sought			Office held	
	C/OH								

#### SCHEDULE G

## Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	-	Travel Out of District OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/27 Rpt: 64/78	Pierson, Katrina L.	00088279
4	Date	Payee name	
	11/19/2024	LOEWS ARLINGTON HOTEL	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.18	888 NOLAN RYAN EXPRESSWAY	
	Reimbursement from		
	X political contributions intended	TARRANT COUNTY, TX 76011	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	OTHER TRAVEL	Check if Austin, TX, officeholder living expense
	EXPENDITURE	LODGING	_
9	Complete ONLY if direct	andidate/Officeholder name	t Office held
•	expenditure to benefit		. Omee neid
	C/OH		
	Date	Payee name	
	10/08/2024	LUIGI'S ITALIAN CAF	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$262.00	2002 S GOLIAD ST	
	Reimbursement from		
	x political contributions intended	ROCKWALL, TX 75087	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	FOOD / BEVE	RAGE
	Complete ONLY if direct	andidate/Officeholder name Office sough	t Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	10/08/2024	LUNAR DESIGN LAB LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,382.57	216 CALLAGHAN DR	
	Reimbursement from		
	X political contributions intended	FATE, TX 75189	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
	LAFLINDITORL	ADVERTISING	3
		andidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OH		
	ООП		

#### SCHEDULE G

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

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	y - al Cor	mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					District ut of District (enter a category not listed above)		
				<u> </u>	now to co	ompiete this form.	_				
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 15/27 Rpt: 65/78		Pierson, Ka	trina L.				00088	279		
4	Date	5	Payee name								
	07/01/2024		MAILCHIME	o							
6	Amount (\$)	7	Payee addres	ss; City; State	: Zip Co	nde					
١	\$797.36	ľ	,	E DE LEON AVE NE	, Διρ Οι	oue					
	\$191.30			E DE LEON AVE NE							
	Reimbursement from political contributions		STE 5000								
	intended		ATLANTA,	GA 30308							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this scl	nedule)	(b) Description	CI	neck if trav	el outside of Texas. Complete Schedule T.		
	OF		Advertising	Expense			CI	neck if Aus	tin, TX, officeholder living expense		
	EXPENDITURE			•		EMAIL MARKET	INC	SERV	/ICE		
9	Complete ONLY if direct	Car	ndidate/Officeh	nolder name		Office sought			Office held		
	expenditure to benefit					3					
	C/OH										
	Date		Payee name								
	07/15/2024		MAILCHIME	o							
	Amount (\$)	┢	Payee addres	ss; City; State	; Zip Co	nde					
	\$398.68		•	E DE LEON AVE NE	, <u>Lip</u> O.	ouc					
	φ390.00			E DE LEON AVE NE							
	Reimbursement from political contributions		STE 5000								
	intended		ATLANTA,	GA 30308							
	PURPOSE		Category (Se	ee Categories listed at the top of this scl	nedule)	Description [	CI	neck if trav	el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising Expense				Check if Austin, TX, officeholder living expense					
						EMAIL MARKETING SERVICE					
	Complete ONLY if direct	Car	ndidate/Officel	nolder name		Office sought			Office held		
	expenditure to benefit C/OH										
	0/011										
	Date		Payee name								
	09/15/2024		MAILCHIME	0							
	Amount (\$)	T	Payee addres	ss; City; State	; Zip Co	ode					
	\$398.68		675 PONCE	E DE LEON AVE NE	-						
	Reimbursement from		STE 5000								
	x political contributions intended			C V 30300							
		▙	ATLANTA, (	GA 30300							
	PURPOSE OF			ee Categories listed at the top of this scl	nedule)	Description	=		el outside of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising	Expense		LL	_		tin, TX, officeholder living expense		
						EMAIL MARKET	INC	SERV و	/ICE		
		Car	ndidate/Officel	nolder name		Office sought			Office held		
	expenditure to benefit C/OH										
L											

#### SCHEDULE G

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	al Coi	mmittee Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor omplete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 16/27 Rpt: 66/78		Pierson, Katrina L.			00088279
4	Date	5	Payee name			
	10/15/2024		MAILCHIMP			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$398.68		675 PONCE DE LEON AVE NE			
	Reimbursement from		STE 5000			
	X political contributions intended		ATLANTA, GA 30308			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	₫ .	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		CI	heck if Austin, TX, officeholder living expense
				EMAIL MARKETI	NC	SERVICE
_		<u> </u>				
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					
	Date		Payee name			
	11/15/2024		MAILCHIMP			
	Amount (\$)	Г	Payee address; City; State; Zip C	ode		
	\$398.68		675 PONCE DE LEON AVE NE			
	Reimbursement from		STE 5000			
	X political contributions intended		ATLANTA, GA 30308			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense	<u> </u>	-	heck if Austin, TX, officeholder living expense
				EMAIL MARKETI	NC	SERVICE
	0 1: 0:11:4:4:1	Ĺ	r	0"		0"
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	С/ОН					
	Date		Payee name			
	12/10/2024		MAILCHIMP			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$36.24		675 PONCE DE LEON AVE NE			
	Reimbursement from		STE 5000			
	X political contributions intended		ATLANTA, GA 30308			
	PURPOSE	Γ	Category (See Categories listed at the top of this schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		CI	heck if Austin, TX, officeholder living expense
				EMAIL MARKETI	NC	SERVICE
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					

#### SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 67/78		Pierson, Ka	trina L.			00088279
4	Date	5	Payee name				
	07/11/2024		MANNY'S T				
6	Amount (\$)	7	Payee addres	ss; City; Stat	e; Zip C	ode	
	\$48.06		469 LAURE	•	-, -,p -		
	Reimbursement from political contributions intended		HEATH, TX				
L		_	•			I	<b>_</b>
8	PURPOSE OF	(a)		ee Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE		Food/Bever	age Expense		L	
						FOOD / BEVER	AGE
Ļ		Ļ					
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder name		Office sought	Office held
	Date		Payee name				
	09/05/2024		MANNY'S T	TEX-MEX			
	Amount (\$)		Payee addres	ss; City; Stat	e; Zip C	ode	
	\$41.40		469 LAURE	ENCE DR			
	Reimbursement from political contributions intended		HEATH, TX	75032			
	PURPOSE		Category (Se	ee Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Check if Austin, TX, officeholder living expense
						FOOD / BEVERA	AGE
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder name		Office sought	Office held
	Date	Ē	Payee name				
	09/12/2024		•	EN PRESS ROCKWALL			
	Amount (\$)	Г	Payee addres	ss; City; Stat	e; Zip C	ode	
	\$108.35		1104 B RID	GE ROAD			
	Reimbursement from political contributions intended		ROCKWAL	L, TX 75087			
$\vdash$	PURPOSE	$\vdash$		ee Categories listed at the top of this s	abadul-\	Description	Check if travel outside of Texas. Complete Schedule T.
	OF				criedule)	Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Advertising	Expense		SIGNS	<b>1</b>
-	Complete ONLY if direct	Car	ndidate/Officel	holder name		Office sought	Office held
	expenditure to benefit C/OH	-ai	Taracter Office	noidel fluiffe		Onice sought	Office field

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/27 Rpt: 68/78 Pierson, Katrina L. 00088279 Date Payee name 08/04/2024 ORLANDO INTERNATIONAL AIRPORT Amount (\$) Payee address; City; State; Zip Code \$33.55 1 JEFF FUQUA BLVD Reimbursement from political contributions Х intended ORLANDO, FL 32827 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** FOOD / BEVERAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/04/2024 ORLANDO INTERNATIONAL AIRPORT Amount (\$) Payee address; City; State; Zip Code \$9.04 1 JEFF FUQUA BLVD Reimbursement from political contributions Х ORLANDO, FL 32827 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** FOOD / BEVERAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/10/2024 **PEPSICO** Payee address; City; State; Zip Code Amount (\$) \$2.60 3002 HERITAGE WAY Reimbursement from Χ political contributions intended HARLINGEN, TX 78550 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** FOOD / BEVERAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

#### SCHEDULE G

#### **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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/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)
					3 Filer ID (Ethics Commission Filers)
ch: 19/27 Rpt: 69/78					00088279
ate	1				
	l		; Zip Coo	de	
		CAN ST			
Reimbursement from political contributions		TV 70004			
PURPOSE OF			edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	OTHERTR	AVEL	1,	GAS.	
				C/ (C	
omplete <u>ONLY</u> if direct xpenditure to benefit /OH	L Candidate/Office	holder name		Office sought	Office held
ate	Payee name				
9/12/2024	POPEYES				
mount (\$)	Payee addre	ess; City; State	; Zip Coo	le	
\$24.17	2320 E RIV	ERSIDE DR			
Reimbursement from political contributions intended	AUSTIN, T	X 78741			
	l				Charle if traval autoida of Tayan Complete Cabadula T
PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	' '	ee Categories listed at the top of this sch rage Expense			Check if Austin, TX, officeholder living expense
OF	' '			Description [ [ FOOD / BEVERA	Check if Austin, TX, officeholder living expense
OF EXPENDITURE	' '	rage Expense			Check if Austin, TX, officeholder living expense
OF EXPENDITURE omplete ONLY if direct expenditure to benefit	Food/Bever	rage Expense holder name		FOOD / BEVERA	Check if Austin, TX, officeholder living expense
OF EXPENDITURE omplete ONLY if direct expenditure to benefit OH	Food/Bever	rage Expense holder name		FOOD / BEVERA	Check if Austin, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit //OH	Food/Bever Candidate/Office Payee name	rage Expense holder name		FOOD / BEVERA	Check if Austin, TX, officeholder living expense
OF EXPENDITURE  omplete ONLY if direct expenditure to benefit /OH  ate 7/01/2024	Food/Bever  Candidate/Office  Payee name  RACETRAG	rage Expense  holder name  C  ess; City; State		FOOD / BEVERA	Check if Austin, TX, officeholder living expense
OF EXPENDITURE  complete ONLY if direct expenditure to benefit //OH  cate 7/01/2024  mount (\$)	Food/Bever  Candidate/Office  Payee name  RACETRAC  Payee addre  2301 S GO	rage Expense  holder name  C  ess; City; State		FOOD / BEVERA	Check if Austin, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit //OH  ate 7/01/2024  mount (\$)  Reimbursement from political contributions intended  PURPOSE	Payee name RACETRAC Payee addre 2301 S GO	holder name  C ess; City; State LIAD ST	Zip Coc	FOOD / BEVERA	Check if Austin, TX, officeholder living expense  Office held  Check if travel outside of Texas. Complete Schedule T.
or EXPENDITURE  complete ONLY if direct expenditure to benefit /OH  ate 7/01/2024  mount (\$) \$75.95	Payee name RACETRAC Payee addre 2301 S GO	holder name  C ess; City; State LIAD ST  L, TX 75032 ee Categories listed at the top of this sch	; Zip Coc	Office sought  Description	Check if Austin, TX, officeholder living expense  AGE  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit //OH  ate 7/01/2024  mount (\$)  \$75.95  Reimbursement from political contributions intended  PURPOSE OF	Payee name RACETRAC Payee addre 2301 S GO ROCKWAL Category (s	holder name  C ess; City; State LIAD ST  L, TX 75032 ee Categories listed at the top of this sch	; Zip Coc	FOOD / BEVERA	Check if Austin, TX, officeholder living expense  Office held  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit //OH  Complete ONLY if direct expension exp	Payee name RACETRAC Payee addre 2301 S GO ROCKWAL Category (s	holder name  C SS; City; State LIAD ST  L, TX 75032  ee Categories listed at the top of this sch	; Zip Coc	Office sought  Description	Check if Austin, TX, officeholder living expense  Office held  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit //OH  Complete ONLY if direct expension exp	Payee name RACETRAG Payee addre 2301 S GO ROCKWAL Category (s	holder name  C SS; City; State LIAD ST  L, TX 75032  ee Categories listed at the top of this sch	; Zip Coc	Office sought  Description	Check if Austin, TX, officeholder living expense  Office held  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
omplete ONLY if direct expenditure to benefit //OH  ate 7/01/2024 mount (\$) \$75.95  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  complete ONLY if direct expenditure to benefit	Payee name RACETRAG Payee addre 2301 S GO ROCKWAL Category (s	holder name  C SS; City; State LIAD ST  L, TX 75032  ee Categories listed at the top of this sch	; Zip Coc	Office sought  Description	Check if Austin, TX, officeholder living expense  Office held  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	ch: 19/27 Rpt: 69/78 ate 2/01/2024 mount (\$) \$35.93  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  complete ONLY if direct keependiture to benefit //OH ate 2/12/2024 mount (\$)  Reimbursement from political contributions	ch: 19/27 Rpt: 69/78  ate 2/01/2024  mount (\$)  Reimbursement from political contributions intended  PERPOSE OF EXPENDITURE  The political contributions of the political contributions  The political contributions of t	ch: 19/27 Rpt: 69/78  ate 2/01/2024  Ferroleum Wholesale  7 Payee address; City; State 1221 N PECAN ST FM-1304 ABBOTT, TX 76621  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this sch OTHER TRAVEL  Candidate/Officeholder name  Payee name POPEYES  Poper name POPEYES  Payee address; City; State 1221 N PECAN ST FM-1304 ABBOTT, TX 76621  Candidate/Officeholder name  Payee name POPEYES  Payee address; City; State 2320 E RIVERSIDE DR	ch: 19/27 Rpt: 69/78  ate 2/01/2024  PETROLEUM WHOLESALE  7 Payee address; City; State; Zip Cod \$35.93  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL  Candidate/Officeholder name  Payee name PO/12/2024  POPEYES  Mount (\$)  Payee address; City; State; Zip Cod Candidate/Officeholder name  Payee name POPEYES  Mount (\$)  Payee address; City; State; Zip Cod State;	Pierson, Katrina L.  Pierson, Katrina L.  Payee name PETROLEUM WHOLESALE  Person, Katrina L.  Person Person Person, Katrina L.  Person Pers

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		_	·	iow to co	mpiete this form.		
1	Total pages Schedule G: Sch: 20/27 Rpt: 70/78	2	FILER NAME Pierson, Katrina L.			3	Filer ID (Ethics Commission Filers) 00088279
4	·	_	<u> </u>				
4	Date 07/15/2024	3	Payee name RACETRAC				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$39.41		2301 S GOLIAD ST				
	Reimbursement from political contributions intended		ROCKWALL, TX 75032				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schee	dule)	(b) Description	Cł	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVEL			Cł	neck if Austin, TX, officeholder living expense
	EXPENDITURE				GAS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	09/01/2024		RACETRAC				
	Amount (\$)	┢	Payee address; City; State;	Zip Co	de		
	\$43.67		2301 S GOLIAD ST	p 00	40		
			2301 3 0021/10 31				
	X Reimbursement from political contributions intended		ROCKWALL, TX 75032				
	PURPOSE	H	Category (See Categories listed at the top of this sched	dule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVEL			Cr	neck if Austin, TX, officeholder living expense
	EXPENDITURE				GAS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
F	Date		Payee name				
	12/08/2024		RACETRAC				
	Amount (\$)	Т	Payee address; City; State;	Zip Co	de		
	\$24.25		2301 S GOLIAD ST				
	Reimbursement from						
	x political contributions intended		ROCKWALL, TX 75032				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVEL			Cł	neck if Austin, TX, officeholder living expense
					GAS		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

#### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing I al Committee Legal Services Salaries	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
		The Instruction Guide explains how to c	omplete this form.								
1	Total pages Schedule G: Sch: 21/27 Rpt: 71/78	2 FILER NAME Pierson, Katrina L.	3	Filer ID (Ethics Commission Filers) 00088279							
4	Date	5 Payee name									
	07/12/2024	ROCKWALL COUNTY REPUBLICAN WOME	N								
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip C PO BOX 1354	ode								
	Reimbursement from										
	x political contributions intended	ROCKWALL, TX 75087									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.							
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense							
	EXI ENDITORE	Candidate/Officeholder/Political Committee	SPONSORSHIPS								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held							
	Date	Payee name									
	11/21/2024	SHELL									
	Amount (\$)	Payee address; City; State; Zip C	odo								
	\$25.21	460 LAURENCE DR	ouc								
	, -	400 LAURENCE DR									
	X Reimbursement from political contributions intended	HEATH, TX 75032									
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.							
	OF EXPENDITURE	OTHER TRAVEL		Check if Austin, TX, officeholder living expense							
	EXPENDITURE		GAS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held							
	Date	Payee name									
	12/08/2024	SHELL									
	Amount (\$)	Payee address; City; State; Zip C	ohe								
	\$40.39	1020 DALE EVANS DR	ouc								
		1020 DALL LVANS DR									
	X Reimbursement from political contributions intended	ITALY, TX 76651									
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.							
	OF EXPENDITURE	OTHER TRAVEL		Check if Austin, TX, officeholder living expense							
	EXPENDITURE		GAS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held							
	rma provided by Tayon F	thica Cammicaian unus athica atata tu		\/oroion \/4.1.0 Edd2000							

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Commit	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ee Legal Services  The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/N	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 [1	ER NAME		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 22/27 Rpt: 72/78	l	erson, Katrina L.			3	00088279
4	Date	<b>5</b> Pa	yee name				
	11/24/2024	sc	OUTHWEST AIRLINES				
6	Amount (\$)	<b>7</b> Pa	yee address; City; Sta	te; Zip Co	ode		
	\$632.96	27	02 LOVE FIELD DR				
	Reimbursement from political contributions intended	D/	LLAS, TX 75235				
8	PURPOSE	<b>(a)</b> Ca	tegory (See Categories listed at the top of this	schedule)	(b) Description	Cł	heck if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Tra	avel Out of District			Cł	heck if Austin, TX, officeholder living expense
	LXI LINDITORL				TRAVEL		
9	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought		Office held
	Date	Pa	yee name				
	11/25/2024	1	OUTHWEST AIRLINES				
	Amount (\$)	Pa	yee address; City; Sta	te; Zip Co	ode		
	\$8.00	27	02 LOVE FIELD DR				
	Reimbursement from political contributions intended	D/	ILLAS, TX 75235				
	PURPOSE	Ca	tegory (See Categories listed at the top of this	schedule)	Description [	Cł	heck if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	01	HER TRAVEL		INFLIGHT WIFI	Cr	heck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candid	ate/Officeholder name		Office sought		Office held
	Date	Pa	yee name				
	11/26/2024	sc	OUTHWEST AIRLINES				
	Amount (\$)	Pa	yee address; City; Sta	te; Zip Co	ode		
	\$8.00	27	02 LOVE FIELD DR	•			
	Reimbursement from						
	x political contributions intended	DA	LLAS, TX 75235				
	PURPOSE	Ca	tegory (See Categories listed at the top of this	schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	01	HER TRAVEL		L	Ch	heck if Austin, TX, officeholder living expense
					INFLIGHT WIFI		
		<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought		Office held

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Office Overhead/Renal Expense Fees Food/Beverage Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 23/27 Rpt: 73/78		Pierson, Katrina L.				00088279
4	Date 08/08/2024	5	Payee name SPOTHERO, INC.				
6	Amount (\$) \$22.16  Reimbursement from political contributions intended	7	Payee address; City; State; 125 S CLARK ST STE 1300 CHICAGO, IL 60603	Zip Co	ode		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this school OTHER TRAVEL	edule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	11/22/2024		SPRINGHILL SUITES BY MARRIOTT				
	Amount (\$)			Zip Co	ode		
	\$294.25		2315 NORTH MAIN ST				
	Reimbursement from political contributions intended		FORT WORTH, TX 76164		,		
	PURPOSE OF		Category (See Categories listed at the top of this school OTHER TRAVEL	edule)	Description	╛	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE				LODGING		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 12/12/2024		Payee name STARBUCKS				
	Amount (\$) \$39.54		Payee address; City; State; 2235 S GOLIAD ST	Zip Co	ode		
	Reimbursement from political contributions intended		ROCKWALL, TX 75032				
	PURPOSE OF		Category (See Categories listed at the top of this scheen Food/Beverage Expense	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		. Jour Develage Expense		FOOD / BEVERA	- AGE	<u> </u>
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_	T	T_	·			_	E1 15 (E1): 0 : : E1 )	
1	Total pages Schedule G: Sch: 24/27 Rpt: 74/78	2	FILER NAME Pierson, Katrina L.			3	Filer ID (Ethics Commission Filers) 00088279	
4	Date	5	Payee name					
	08/20/2024		SUSHI BOX					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$71.56		886 W RUSK ST					
	Reimbursement from political contributions intended		ROCKWALL, TX 75087					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	╛	neck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Beverage Expense		L	_	neck if Austin, TX, officeholder living expense	
					FOOD / BEVERA	GE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held	
	Date		Payee name					
	08/04/2024		SWEETWATERS COFFEE & TEA					
	Amount (\$)		Payee address; City; State;	ode				
	\$6.01		316 W 12TH ST					
	Reimbursement from political contributions intended		AUSTIN, TX 78701					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	_	neck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Beverage Expense			_	neck if Austin, TX, officeholder living expense	
					FOOD / BEVERA	\GE	<u> </u>	
_	Complete ONLY if direct	Can	ndidata/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH	Cai	ididate/Officeriolaer Harne		Office Sought		Office field	
	Date		Payee name					
	11/26/2024		TAILWIND CONCESSIONS					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$15.13		3002 HERITAGE WAY					
	Reimbursement from political contributions intended		HARLINGEN, TX 78550					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Beverage Expense			_	neck if Austin, TX, officeholder living expense	
	- <del>-</del>				FOOD / BEVERA	\GE		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	

#### SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		Trav Trav	Isportation Equipment & Related Expense red in District red Out of District IER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3 File	r ID (Ethics Commission Filer	s)
	Sch: 25/27 Rpt: 75/78	Pierson, Ka	trina L.			000	088279	
4	Date	5 Payee name						
	09/27/2024	TEXAS RO	ADHOUSE					
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State	; Zip Co	ode			
	\$99.25	912 E INTE	RSTATE 30					
	Reimbursement from							
	X political contributions intended	ROCKWAL	L, TX 75087					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Check it	f travel outside of Texas. Complete Schedu	ule T.
	OF EXPENDITURE	Food/Bever	age Expense			Check is	f Austin, TX, officeholder living expense	
					FOOD / BEVERA	AGE		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							
-	Date	Payee name						
	10/08/2024	TEXAS VAI	LUES					
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	nde			
	\$281.85	1	GRESS AVE	,p =				
	Reimbursement from							
	political contributions intended	AUSTIN, T	X 78701					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	_	f travel outside of Texas. Complete Schedu	ule T.
	OF EXPENDITURE		ns/Donations Made By Officeholder/Political Comm	sittoo	L	_	f Austin, TX, officeholder living expense	
		Canuldate/	Jilicerioldel/Political Collil	iiilee	SPONSORSHIP	S		
	Compulate ONLY if diseast	Condidate (Office)	haldar na na		Office severely		Office held	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Office held	
	C/OH							
	Date	Payee name						
	07/07/2024	THE DOWN	RIGHT AUSTIN HOTEL					
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode			
	\$656.08	701 E 11T⊦	I ST					
	Reimbursement from							
	X political contributions intended	AUSTIN, T	X 78701					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Check it	f travel outside of Texas. Complete Schedu	ule T.
	OF EXPENDITURE	OTHER TR	AVEL			Check is	f Austin, TX, officeholder living expense	
	-				LODGING			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							

#### SCHEDULE G

#### **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		e Legal Services	ion Guide explains		xpense Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILI	ER NAME				3 Filer ID (Ethics Commission Filers	3)
	Sch: 26/27 Rpt: 76/78	Pie	rson, Katrina L.				00088279	
4	Date	<b>5</b> Pay	ee name					
	12/06/2024	TH	E ROARING FORK					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$61.42	701 CONGRESS AVE						
	Reimbursement from political contributions intended	AU	STIN, TX 78701					
8	PURPOSE	<b>(a)</b> Cat	egory (See Categories lis	ted at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedu	ıle T.
	OF EXPENDITURE	Foo	od/Beverage Expense			Check if Austin, TX, officeholder living expense		
						FOOD / BEVERA	AGE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	Date	Pay	ee name					
	08/01/2024	UB	ER					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$39.90	145	55 MARKET ST #40	00				
	Reimbursement from							
	X political contributions intended	SA	N FRANCISCO, CA	94103				
	PURPOSE	Cat	egory (See Categories lis	ted at the top of this sche	edule)	Description >	Check if travel outside of Texas. Complete Schedu	ıle T.
	OF EXPENDITURE	Tra	vel Out of District				Check if Austin, TX, officeholder living expense	
						TRAVEL		
		Candidate/Officeholder name				Office sought	Office held	
	expenditure to benefit C/OH							
F	Date	Day	roo nama					_
	11/22/2024	UB	ee name FR					
	Amount (\$)		ee address; City;	State:	Zip Co	nde		
	\$13.35	*	55 MARKET ST #40		Zip Cc	Juc		
	Reimbursement from		,					
	political contributions intended	SA	N FRANCISCO, CA	94103				
	PURPOSE	l	egory (See Categories lis	ted at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedu	ıle T.
	OF Travel In District				L	Check if Austin, TX, officeholder living expense		
						TRAVEL		
	Complete ONII V if direct	Condid	sto/Officebolder as			Office savekt	Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite/Officeholder name			Office sought	Office held	
l								

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 27/27 Rpt: 77/78 Pierson, Katrina L. 00088279 Date Payee name 08/31/2024 WINGSTOP 6 Amount (\$) Payee address; City; State; Zip Code \$44.82 2435 RIDGE ROAD Reimbursement from political contributions intended Х ROCKWALL, TX 75087 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** FOOD / BEVERAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/03/2024 WRECKERS SPORTS BAR Amount (\$) Payee address; City; State; Zip Code \$87.53 6000 W OSCEOLA PKWY Reimbursement from political contributions Х KISSIMMEE, FL 34746 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** FOOD / BEVERAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 78/78							
2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
Pierson, Katrina	L.	00088279							
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee								
AMERICAN AIR	AMERICAN AIRLINES								
5 Contribution / Expe	5 Contribution / Expenditure reported on:								
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1							
Schedule F2	Schedule F4 X Schedule G Schedule H	Schedule COH-UC							
6 Dates of Travel	7 Name of person(s) traveling								
S Bates of Haver	PIERSON, KATRINA								
08/04/2024	8 Departure city or name of departure location 08/04/2024 ORLANDO, FL								
00/01/2021									
08/04/2024	9 Destination city or name of destination location 08/04/2024 DALLAS/FORT WORTH, TX								
10 Means of transportation									
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
UBER	and the second s								
	enditure reported on:								
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1							
Schedule F2	Schedule F4 X Schedule G Schedule H	Schedule COH-UC							
Dates of Travel	Name of person(s) traveling								
	PIERSON, KATRINA								
	Departure city or name of departure location								
08/01/2024	08/01/2024 ORLANDO, FL								
	Destination city or name of destination location								
08/01/2024 KISSIMMEE, FL									
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Auto	omobile YOUNG AMERICANS FOR LIBERTY NATIONAL CON	NVENTION							
	•								