#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 19 00088068 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Katherine NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Culbert CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1919 Taylor St. #1670 Suite F MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77007 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lou NAME NICKNAME LAST **SUFFIX** Weaver STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1609 Castle Ct. #1 **ADDRESS** (Residence or Business) Houston, TX 77006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 265-0342 **PHONE**

January 15

Day

Day

OFFICE HELD (if any)

**ELECTION DATE** 

10/27/2024

Year

Year

July 15

Month

Month

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

30th day before election

8th day before election

**THROUGH** 

Primary

General

Runoff

Exceeded modified reporting limit

Month

**ELECTION TYPE** 

Runoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

Railroad Commissioner

Year

Other

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Culbert, Katherine (M	s.)	14 Filer ID 00088068	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 808.17
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9,726.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 5,357.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 20,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Ms. I	Katherine Culbert	
		Signature of	Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of office	er administering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	COVER SHEET PG 3 3 of 19							
18 FILER NAME19 Filer ID(Ethics Commission FileCulbert, Katherine (Ms.)00088068								
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT							
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 808.17							
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$							
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$							
4. X SCHEDULE E: LOANS	<b>\$</b> 15,000.00							
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 72.49							
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$							
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$							
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9,654.07							
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$							
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$							
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$							

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/19	
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	n Filers)
4	Date 10/27/2024			7	Amount of Contribution (\$)	\$10.00	
8	Principal occur	Waxahachie, TX 75165 pation / Job title (See Instructions)	ا ام	Employer (See Instructio	ne)		
0	Not Employe		,	Not Employed	115)		
	Date 10/27/2024	Full name of contributor Backus, Andrew Contributor address; City; Sta				Amount of Contribution (\$)	\$25.00
	Dringing occur	Austin, TX 78737		Employer (See Instruction	ne)		
	Principal occupation / Job title (See Instructions)  property manager  Employer (See Instructions self		115)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/27/2024 Bowman, Eileen  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.84		
		Brooklyn, NY 11231					
	Principal occup Teacher	pation / Job title (See Instructions)		Employer (See Instruction The Child School	ns)		
	Date 10/29/2024	Full name of contributor Cartwright, Therese Contributor address; City; Sta				Amount of Contribution (\$)	\$6.25
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instruction Not Employed	ns)		
	Date 11/04/2024	Full name of contributor Chen, Matthew Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instruction Self-employed	ns)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	ULE <b>A1</b>	
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/19		
2	FILER NAME Culbert, Kath	FILER NAME  Culbert, Katherine (Ms.)		3	Filer ID (Ethics Commission 00088068	n Filers)		
4	Date 11/13/2024	_ `		7	Amount of Contribution (\$)	\$1.15		
_		Silver Spring, MD 20905	1-		L			
8	Principal occu Not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	5)			
	Date 12/13/2024	Darby, Helen				Amount of Contribution (\$)	\$1.15	
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		<u> </u>					
Not Employed Not Employed		Not Employed						
	Date Full name of contributor out-of-state PAC (ID#:)  10/29/2024 Flournoy, Ruth  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00		
		Houston, TX 77057						
	Principal occu Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	s)			
	Date 10/29/2024	Gonzalez, Jonathan		)	•	Amount of Contribution (\$)	\$100.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions TEXAS LAND LAW PLL				
	Date 10/28/2024	Full name of contributor out-of-st Goossens, Christine Contributor address; City; State; Zip Coo Gloversville, NY 12078	atate PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions	s)			
			,					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	HEDULE <b>A1</b>	
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/19		
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	n Filers)	
4	Date 11/03/2024			7	Amount of Contribution (\$)	\$20.00		
8	Principal occu	FORT WORTH, TX 76179 pation / Job title (See Instructions)	la.	Employer (See Instructions	;) 			
0	Not Employe		ا	Not Employed	·)			
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID HAMILL, Samuel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 			
Not Employed Not Employed			"					
	Date Full name of contributor out-of-state PAC (ID#:)  11/09/2024 Harrison, Paul  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Austin, TX 78748						
	Principal occu Product Man	pation / Job title (See Instructions) ager		Employer (See Instructions Dosespot	5)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID Harrison, Paul Contributor address; City; State; Zip Code Austin, TX 78748		)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Product Man	pation / Job title (See Instructions) ager		Employer (See Instructions Dosespot	5)			
	Date 11/09/2024	Full name of contributor out-of-state PAC (ID Hartsough, Lucas  Contributor address; City; State; Zip Code  Watertown, MA 02472	#:		•	Amount of Contribution (\$)	\$25.00	
	Principal occu Computation	pation / Job title (See Instructions)		Employer (See Instructions Ginkgo Bioworks Inc	5)			
	Sompatution			Zamyo Diomonto ino				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/19	
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	ı Filers)
4	Date 12/09/2024			7	Amount of Contribution (\$)	\$25.00	
8	Computation			Employer (See Instructions Ginkgo Bioworks Inc	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 Lahey, Marieke  Contributor address; City; State; Zip Code  Houston, TX 77006		•	Amount of Contribution (\$)	\$25.00		
	Principal occupation / Job title (See Instructions)  Engineer  ExxonMobil		<u>I</u> S)				
	Date 11/28/2024			)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77006 pation / Job title (See Instructions	.)	Employer (See Instructions	z)		
	Engineer	panon / cob and (coo mondonone	,,	ExxonMobil	-,		
	Date 12/28/2024	Full name of contributor Lahey, Marieke Contributor address; City; St Houston, TX 77006	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions	5)	Employer (See Instructions ExxonMobil	<u>I</u> S)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/30/2024 Laviana, Shelley  Contributor address; City; State; Zip Code  Latham, NY 12110		•	Amount of Contribution (\$)	\$25.00		
	Principal occu Manager	pation / Job title (See Instructions	5)	Employer (See Instructions Anthem	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	ULE A1	
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/19		
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	Filers)	
4	Date 10/29/2024			7	Amount of Contribution (\$)	\$3.84		
_	5	Piscataway, NJ 08854	- la	5 1 (0 1 1 1	<u></u>			
8	analyst	pation / Job title (See Instructions)	9	Employer (See Instructions altice	<u></u>			
	Date 10/31/2024	McCoy, Karen	PAC (ID#:		•	Amount of Contribution (\$)	\$3.84	
	Principal occu	Sunnyvale, CA 94087		Employer (See Instructions	-, 			
	Principal occupation / Job title (See Instructions)  Not Employed  Not Employed  Employer (See Instruction Not Employed		·)					
	Date 11/02/2024				Amount of Contribution (\$)	\$1.00		
		El Segundo, CA 90245						
	Principal occu M.D.	pation / Job title (See Instructions)		Employer (See Instructions self	5)			
	Date 11/14/2024	Full name of contributor out-of-state F Robinson, Michael Contributor address; City; State; Zip Code Baltimore, MD 21218	-	)	•	Amount of Contribution (\$)	\$1.36	
	Principal occu Systems Eng	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>			
	Date 12/14/2024	Full name of contributor out-of-state F Robinson, Michael Contributor address; City; State; Zip Code Baltimore, MD 21218	PAC (ID#:	)		Amount of Contribution (\$)	\$1.36	
	Principal occu Systems Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions AURA	5)			
			I					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	<b>E A1</b>	
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/19		
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	Filers)	
4	Date 10/27/2024			7	Amount of Contribution (\$)	\$1.92		
_	D: : 1	Minneapolis, MN 55403		5 1 (0 1 1 1	<u></u>			
8	Web Design	pation / Job title (See Instructions) er		Employer (See Instructions Ambient Consulting	<del></del>			
	Date 10/29/2024	Full name of contributor  Schmal, Joan Bridget  Contributor address; City; State;		)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)		Employer (See Instructions	:) [			
Not Employed Not Employed			,					
	Date 11/12/2024			)		Amount of Contribution (\$)	\$25.00	
		Bedford, TX 76021						
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	Date 11/03/2024	Full name of contributor Thomason, Heidi Contributor address; City; State; San Antonio, TX 78248	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$15.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	Date 11/02/2024	Full name of contributor Vincent, Angela Contributor address; City; State; Olympia, WA 98502	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1.92	
	Principal occu Environment	pation / Job title (See Instructions)		Employer (See Instructions Washington State Depa		ent of Ecology		
	Livionnell	a Millor		Tasimiyan saac bepa				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	<b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/19	
2	FILER NAME Culbert, Katl			3	Filer ID (Ethics Commission F 00088068	-ilers)
4	Date 11/01/2024	_ `		7	Amount of Contribution (\$)	\$2.88
8	Principal occu	East Windsor, NJ 08520  upation / Job title (See Instructions)	9 Employer (See Instructions			
Ü	Researcher	pation 7 oob tile (eee instructions)	CRCCRRB	"		
	Date Full name of contributor out-of-state PAC (ID#:)  10/27/2024 Whitesell, Summer  Contributor address; City; State; Zip Code  Seattle, WA 98125			Amount of Contribution (\$)	\$5.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instruction			<u> </u> 		
	Office Assistant Seattle Deposition Repo			orte	ers	
Date Full name of contributor out-of-state PAC (ID#:)  11/22/2024 zucco, frank  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.83	
		castle rock, CO 80104				
	Principal occu Sales Mana	pation / Job title (See Instructions) ger	Employer (See Instructions Wanco Inc.	5)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_zucco, frank  Contributor address; City; State; Zip Code  castle rock, CO 80104		•	Amount of Contribution (\$)	\$3.83
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales Mana	ger	Wanco Inc.			

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this f	orm.	I	iges Schedule E: 1 Rpt: 11/19
2	FILER NAME Culbert, Katherii	ne (Ms.)		3 Filer ID 000880	(Ethics Commission Filers)
4		IITEMIZED LOANS		l	\$
5	Date of loan 11/19/2024	7 Name of lender out-of-state PA Culbert, Katherine	C (ID#:	)	9 Loan Amount (\$) \$15,000.00
	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Houston, TX 77002			11 Maturity Date
12	Principal occupation	I on / Job title (See Instructions)	13 Employer (See Instructions Airswift	5)	
14	Description of Col	lateral	15 Check if personal funds we	ere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instructions	s)	
			, , ,		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 1/4 Rpt: 12/19	FILER NAME     Culbert, Katherine (Ms.)	:	3 Filer ID 00088068	(Ethics Commission Filers)
4	Date 10/27/2024	5 Payee name ActBlue	•		
6	Amount (\$) \$42.27	7 Payee address; City; State; Zip Code 366 Summer St			
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b)		utside of Texas. Com TX, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 11/03/2024	Payee name ActBlue			
	Amount (\$) \$14.06	Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144			
	PURPOSE OF EXPENDITURE		<b>=</b>	utside of Texas. Com TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 11/05/2024	Payee name ActBlue			
	Amount (\$) \$7.90	Payee address; City; State; Zip Code 366 Summer St			
	DUDDOGE	Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	$\blacksquare$	utside of Texas. Com TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
_					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 13/19	Culbert, Katherine (Ms.) 00088068
4	Date	5 Payee name
	11/10/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer St
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
	11/17/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	366 Summer St
		Somerville, MA 02144
	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
		fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	Dete	
	Date	Payee name
	11/24/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.16	366 Summer St
L		Somerville, MA 02144
	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
		fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 14/19	Culbert, Katherine (Ms.) 00088068
4	Date	5 Payee name
	12/01/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer St
		Somerville, MA 02144
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.
		Check if Austin, TX, officeholder living expense
		fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	12/08/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	366 Summer St
	40.10	
		0
		Somerville, MA 02144
	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  fee
		i <del>cc</del>
	0 1: 01!! \( \frac{1}{2} \)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.09	366 Summer St
		Somerville, MA 02144
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 4/4 Rpt: 15/19	FILER NAME     Culbert, Katherine (Ms.)	3 Filer ID (Ethics Commission Filers) 00088068				
4	Date 12/22/2024	5 Payee name ActBlue	I				
6	Amount (\$) \$0.16	7 Payee address; City; State; Zip Code 366 Summer St					
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fee				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held				
	Date 12/29/2024	Payee name ActBlue					
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer St					
		Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense fee				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held				

#### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	( 3	,	,
1 Total pages Schedule F4:	4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/4 Rpt: 16/19	Culbert, Katherine (Ms.)				00088068		
4 CREDIT CARD ISSUER		Name of financial institution  Capital One  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
	\$23.47	10/29/2024					
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	wix		1	y A Francois Blvd	k		
	WIX		6th floor				
	(a) Cataman		+	ncisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Office Overhead/Ren		Johnware				
X Political							
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	rname Offic	e sought		Office held		
expenditure to benefit C/OH PAYMENT	<u> </u>	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	r Doid		
PAYMENI	(a) Amount Charged	(b) Date of Charge	(c) Dale(s)	) Credit Card Issuer	r Palu		
	\$15.35	11/02/2024					
PAYEE	(a) Davisa nama		(h) Davisa	- ddu	City.	Ctata	7:n Code
FAILE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Google 1600 Amphitheatre Pkwy						
			Mountain	n View, CA 94043	2		
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule)		Software				
X Political	Office Overhead/Ren	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX.	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
	\$1,241.89	11/02/2024					
	, , , , , , , , ,						
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
			655 15th St NW				
	NGP Van Inc MOTO		Suite 650				
		Washington, DC 20005					
PURPOSE OF EXPENDITURE	(a) Category	of this schedule)	(b) Descrip				
l	Solicitation/Fundraising Expense		Software	!			
X Political	tical						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 2/4 Rpt: 17/19	Culbert, Katherine (Ms.)			00088068			
4 CREDIT CARD ISSUER		Name of financial institution  See previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$4,000.00	11/25/2024					
7 PAYEE	(a) Payee name  Cerillion N4 Partne	1326 5th Ave, Suite 334		City,	State,	Zip Code	
			Seattle, WA 98101				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
<u> </u>	Consulting Expense	or true concurren	Consulting Expense				
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.			officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	(-) A	(h) D-tt Oh	(-) D-+-(-) On- dit O- ad I	n Deld			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$14.99	11/25/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	iPostal1, LLC		400 Rella Blvd, Suite 206				
			Montebello, NY 10901				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Office Expense				
X Political	Office Overhead/Ren	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged \$23.27	(b) Date of Charge 11/26/2024	(c) Date(s) Credit Card Issue	er Paid			
PAYEE	(a) Payee name wix		(b) Payee address; 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158		State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Software				
Non-Political	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	e sought	Office held					

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							,		
1 Total pages Schedule F4:	chedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 3/4 Rpt: 18/19	Culbert, Katherine (Ms.)				00088068				
4 CREDIT CARD ISSUER		EXPENDITU		OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$4,282.15	12/02/2024							
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	1022 Croup		1100 Jorie	e Blvd					
	1833 Group		Suite 118						
			Oak Broo	Oak Brook, IL 60523					
8 PURPOSE OF	(a) Category		(b) Descrip						
EXPENDITURE	(See Categories listed at the top  Consulting Expense	of this schedule)	Consulting	g Expense					
X Political	Consulting Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<del></del>	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
	\$15.35	12/02/2024							
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Google		1600 Amphitheatre Pkwy						
	Mountain View, CA 94043			3					
PURPOSE OF	(a) Category	(b) Description							
EXPENDITURE	(See Categories listed at the top	Software							
X Political	Office Overhead/Rent	iai Experise							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	· [	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$14.99	12/26/2024							
PAYEE	(a) Payee name	<u>I</u>	(b) Payee a	address;	City,	State,	Zip Code		
			400 Rella Blvd, Suite 206			·			
	iPostal1, LLC		., .,						
			Montebell	o, NY 10901					
PURPOSE OF	(a) Category		(b) Descrip						
EXPENDITURE	(See Categories listed at the top of this schedule)		Office Exp	oense					
X Political	Office Overhead/Rent	ıaı Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
		<del></del>							

### SCHEDULE F4

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By	Fees Food/Beve	erise erage Expense s/Memorials Expense	Office Overhead/Ren Polling Expense Printing Expense	tal Expense Tra	ansportation Equipment & Related Expense avel in District avel Out of District
	Candidate/Officeholder/Politica	ll Committee Legal Serv	ices	Salaries/Wages/Cont	ract Labor O	THER (enter a category not listed above)
_	Tatal a succe Calculate EA		ruction Guide explains h	now to complete tr	iis torm.	Eller ID (Ethica Commission Ellers)
1	Total pages Schedule F4:	Culbert, Katherine	(Mc.)			3 Filer ID (Ethics Commission Filers) 00088068
_	Sch: 4/4 Rpt: 19/19		` '	TE TOTAL O	NE LINITEMAZED	0008008
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid
		\$22.61	12/30/2024			
7	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City, State, Zip Code
		wix		6th floor	A Francois Blvo sisco, CA 94158	
8	PURPOSE OF	(a) Category		(b) Descript		
ľ	EXPENDITURE	(See Categories listed at the top		Software		
	X Political	Office Overhead/Ren	tal Expense			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	т. [	Check if Austin, TX,	officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought		Office held
e	xpenditure to benefit C/OH					