CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00088279		2 Total pages filed: 36		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
NAME	The Honorable	Katrina L.			Date Received ELECTRONIC	CALLY FILED	
	NICKNAME	LAST Pierson		SUFFIX	07/15/2025		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 609 Goliad St.	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered Receipt #	or Date Postmarked Amount	
ADDRESS Change of Address	#672 Rockwall, TX 75087				Date Processed	Amount	
					Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Caitlyn B.		МІ			
	NICKNAME	LAST Tortorici		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PC 421 Office Park Dr.	BOX PLEASE);	ΑP	T / SUITE #; CITY	r; ST	TATE; ZIP CODE	
(Residence or Business)	Mountain Brook, AL 3522	3					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHOI (205) 440-2873	NE NUMBER E	EXTENSION				
8 REPORT TYPE	January 15	30th day before		Runoff Exceeded modified	15th day after c appointment (of Final Report (At		
		_		reporting limit			
9 PERIOD COVERED	Month Day Year 01/01/2025	TH	IROUGH	Month Day 06/30/20			
10 ELECTION	ELECTION DATE Month Day Year		rimary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any) State Representative Dist	trict 33		12 OFFICE SOUGH	IT (if known)		
		GO T	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Pierson, Katrina L. (T	he Honorable)	14 Filer ID (00088279	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform	hout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	ИЕ	
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
	DANS)	\$ 108,154.83		
EXPENDITURE TOTALS		\$ 227.19		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 55,521.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TI	HE LAST DAY OF THE	\$ 150,969.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	-			
			enalty of perjury, that the acc les all information required to de.	
		The U	onorable Katrina L. Piers	
			re of Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	day			
		aid ertify which, witness my hand and seal of office		aay
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 36
	ER NAMerson, k	ME Catrina L. (The Honorable)	19 Filer ID 00088279	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	107,904.83
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	29,400.27	
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	15,000.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	11,121.62
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 IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTI	NS		SCHEDULE	A1	
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/36	
2	FILER NAME Pierson, Katı	rina L. (The Honorable)			3	Filer ID (Ethics Commission 00088279	Filers)
4	Date 06/26/2025	 Full name of contributor	#:		7	Amount of Contribution (\$)	\$33.00
0	Dringing con	ROCKWALL, TX 75032	ا م	Employer (See Instructions	<u></u>		
8	UNLOAD AS	pation / Job title (See Instructions) SSOCIATE	9	Employer (See Instructions LOWES	5)		
	Date 06/30/2025	Full name of contributor				Amount of Contribution (\$) \$	32,000.00
	Principal occu	DALLAS, TX 75254 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
		CUTIVE OFFICER		ASHFORD HOSPITALI		TRUST	
	Date 06/26/2025	Full name of contributor	#: <u></u>		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	 s)		
	TECH	·		THE BOTT GROUP			
	Date 06/24/2025	Full name of contributor			•	Amount of Contribution (\$)	31,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID# CARTER, DONNA Contributor address; City; State; Zip Code STREETMAN, TX 75859	. #:		•	Amount of Contribution (\$)	\$500.00
	Principal occu DIRECTOR	pation / Job title (See Instructions)		Employer (See Instructions JEFFREY CARTER FO		IDATION	
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/36
2	FILER NAME Pierson, Kat	rina L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088279
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:_ DEASON, DARWIN 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$15,000.00
•	Dringing! goog	DALLAS, TX 75219	Employer (Coo Instructions	
8	CHAIRMAN	pation / Job title (See Instructions)	9 Employer (See Instructions DEASON CAPITAL SEF	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: DEASON, DOUG Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00
	Dringing occu	DALLAS, TX 75229	Employer (See Instructions	
	INVESTOR	pation / Job title (See Instructions)	Employer (See Instructions DCS)
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: DUTTA, KAY Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$34.35
		ROCKWALL, TX 75087		
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	s)
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ EASTER, MICHAEL Contributor address; City; State; Zip Code ROCKWALL, TX 75032)	Amount of Contribution (\$) \$104.10
	Principal occu CONSULTA	NT	Employer (See Instructions SELF EMPLOYED	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ EMANUELSON, KEN Contributor address; City; State; Zip Code CARROLLTON, TX 75007)	Amount of Contribution (\$) \$100.00
	Principal occu ATTORNEY	ppation / Job title (See Instructions)	Employer (See Instructions THE EMANUELSON FIR	

	MONEI	ARY POLITICAL C	NS		SCHEDUI	E A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/36	
2	FILER NAME Pierson, Katı	rina L. (The Honorable)			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 06/30/2025	5 Full name of contributor FITE, RALPH6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu SVP-FINANO		9	Employer (See Instructions WELCOME GROUP, LL			
	Date 06/24/2025	Full name of contributor GORE, REX Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		AUSTIN, TX 78704 pation / Job title (See Instructions) CUTIVE OFFICER		Employer (See Instructions CLEAN SCAPES	5)		
	Date 06/24/2025	Full name of contributor GRAVELY, MARC Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor HOOTMAN, JOSEPH Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ENGINEER		Employer (See Instructions SELF EMPLOYED	()		
	Date 01/06/2025	Full name of contributor HOUSTON POLICE RETII Contributor address; City; Sta		CIATION PAC		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/36	
2	FILER NAME Pierson, Katı	rina L. (The Honorable)			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 06/25/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
•	Dringing aggu	AUSTIN, TX 78701	lo.	Employer (See Instructions			
8	PARTNER	pation / Job title (See Instructions)	9	Employer (See Instructions HILLCO PARTNERS	·)		
	Date 06/25/2025	Full name of contributor)		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78735 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CO-FOUND			HILLCO PARTNERS			
	Date 01/06/2025	Full name of contributor out-of-state PAC K&L GATES LLP COMMITTEE FOR GOO Contributor address; City; State; Zip Code	D GOV			Amount of Contribution (\$)	\$500.00
		DALLAS, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC LOEWY, ADAM Contributor address; City; State; Zip Code AUSTIN, TX 78731)		Amount of Contribution (\$)	\$5,000.00
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions LOEWY LAW FIRM)		
	Date 06/26/2025	Full name of contributor out-of-state PAC MEEK, MICHAEL Contributor address; City; State; Zip Code FORNEY, TX 75126)		Amount of Contribution (\$)	\$34.35
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
			•				

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/36	
2	FILER NAME Pierson, Katı	rina L. (The Honorable)			3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 06/26/2025	5 Full name of contributor [MORANO, NICHOLAS6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$52.05
_	Deignigal	METUCHEN, NJ 08840	I ₀	Franksian (Cookastustians			
8	EQUITIES T	pation / Job title (See Instructions) RADER	9	Employer (See Instructions SELF EMPLOYED			
	Date 06/30/2025	Full name of contributor MORRISON, JOSEPH Contributor address; City; State)		Amount of Contribution (\$)	\$520.51
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	ATTORNEY			MULLEN & MULLEN LA	١W	FIRM	
	Date 06/30/2025	Full name of contributor [MULLEN, SHANE Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3,000.00
	Dringing aggr	DALLAS, TX 75205	1	Employer (See Instructions	<u></u>		
	ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions MULLEN & MULLEN LA		FIRM	
	Date 06/30/2025	Full name of contributor [OROURKE, PETER Contributor address; City; Stat VIENNA, VA 22182	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$260.25
	Principal occu CONSULTIN	pation / Job title (See Instructions) IG		Employer (See Instructions TCI PARTNERS	5)		
	Date 06/30/2025	Full name of contributor ORTIZ, J. Contributor address; City; State ATLANTA, GA 30305	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu CYBER	pation / Job title (See Instructions)		Employer (See Instructions FALCON CYBER	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDU	LE A1
	The Instru	ction Guide explains how t	o complete this forn	n.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/36	
2	FILER NAME Pierson, Kat	rina L. (The Honorable)			3	Filer ID (Ethics Commissi 00088279	ion Filers)
4	Date 06/30/2025	5 Full name of contributor RHODES, FRAN6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$25.00
_		KELLER, TX 76244	1-				
8		pation / Job title (See Instructions) , NON PROFIT		Employer (See Instructions TRUE TEXAS PROJEC			
	Date 06/27/2025	Full name of contributor ROBERTS, FRANCES Contributor address; City; State HEATH, TX 75126	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$52.05
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 06/24/2025	Full name of contributor STANTON, JAMES Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	DALLAS, TX 75225 pation / Job title (See Instructions)		Employer (See Instructions)		
	ATTORNEY			STANTON LLP			
	Date 06/26/2025	Full name of contributor STEFANSKY, YISROEL Contributor address; City; State BROOKLYN, NY 11230				Amount of Contribution (\$)	\$104.10
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED)		
	Date 06/25/2025	Full name of contributor TEXANS FOR TRUTH & LII Contributor address; City; State AUSTIN, TX 78701				Amount of Contribution (\$)	\$50,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/36	
2	FILER NAME Pierson, Kat	rina L. (The Honorable)		3	Filer ID (Ethics Commission 00088279	on Filers)
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:_ TEXANS UNITED FOR A CONSERVATIVE MA 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_		VICTORIA, TX 77901				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ TEXAS GUN RIGHTS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	WEATHERFORD, TX 76086 pation / Job title (See Instructions)	Employer (See Instructions)		
		,		,		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ TEXAS MEDICAL ASSOCIATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ TULEY, SHARON Contributor address; City; State; Zip Code ROYSE CITY, TX 75189)		Amount of Contribution (\$)	\$34.70
	Principal occu CONSULTIN	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED)		

ONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	E A1	
ne Instru	ction Guide explains how to complete this t	form.			
ER NAME			3 Filer ID (Ethic	cs Commission	r Filers)
erson, Katı	rina L. (The Honorable)		00088279		
te /30/2025	 Full name of contributor out-of-state PAC (ID#: WALLIS, MICHAEL Contributor address; City; State; Zip Code 		7 Amount of Con		\$1,041.02
	RICHARDSON, TX 75082	I			
ncipal occu ETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	ns)		
te /26/2025	Full name of contributor out-of-state PAC (ID#:_ WHITE, JAMES)	Amount of Con	tribution (\$)	\$34.35
	Contributor address; City; State; Zip Code				
ncipal occu		Employer (See Instructions	ns)		
		SELF EMPLOYED			
/25/2025				;	\$1,000.00
	AUSTIN, TX 78701	1			
ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	ne Instruction in the Instructio	The Instruction Guide explains how to complete this for the person, Katrina L. (The Honorable) The person, Katrina L. (Indication of out-of-state PAC (ID#: Person, Matrice PAC (ID#: P	te 5 Full name of contributor out-of-state PAC (ID#:	te Instruction Guide explains how to complete this form. 1 Total pages Sc Sch: 8/8 Rpt: ER NAME BY SCH: 8/8 Rpt: 3 Filer ID (Ethion 00088279) Total pages Sc Sch: 8/8 Rpt: 3 Filer ID (Ethion 00088279) Total pages Sc Sch: 8/8 Rpt: 4 Filer ID (Ethion 00088279) Total pages Sc Sch: 8/8 Rpt: 5 Full name of contributor	Total pages Schedule A1: Sch: 8/8 Rpt: 11/36 ER NAME First II. (The Honorable) Total pages Schedule A1: Sch: 8/8 Rpt: 11/36 ER NAME First III. (The Honorable) Total pages Schedule A1: Sch: 8/8 Rpt: 11/36 Filer ID. (Ethics Commission 00088279 7 Amount of Contribution (\$) WALLIS, MICHAEL 6 Contributor address; City; State; Zip Code RICHARDSON, TX 75082 TRIPED Total pages Schedule A1: Sch: 8/8 Rpt: 11/36 Filer ID. (Ethics Commission 00088279 7 Amount of Contribution (\$) ETHRED Total pages Schedule A1: Sch: 8/8 Rpt: 11/36 Filer ID. (Ethics Commission 00088279 7 Amount of Contribution (\$) WHALLIS, MICHAEL Full name of contributor

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pierson, Katrina L. (The Honorable) 00088279 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 KOEBELE, STEVE \$250.00 FACILITY RENTAL 7 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) CONSULTANT SELF EMPLOYED 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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		mmittee	Legal Servi				Wages	e /Contract Labor ete this form.		Travel Out OTHER (e		strict category not listed above)
1	Total pages Schedule F1:	2	EII ER NAME							3	Filer ID		(Ethics Commission Filers)
	Sch: 1/5 Rpt: 13/36		Pierson, Kat	rina L. ((The Hon	orable)					000882	279	(, , , , , , , , , , , , , , , , , , ,
4	Date	5	Payee name										
	03/06/2025		BLUESTON	E CRE	ATIVES, I	LC							
6	Amount (\$)	7	Payee addres	s; C	ity;	State	; Zip Co	ode					
	\$1,000.00		5900 BALC	ONES D	RIVE								
			STE 100										
			AUSTIN, TX	78731									
8	PURPOSE	(2)	•					(h)	Description				
ľ	OF	^(a)	Category (Se Advertising I			top of this sch	nedule)	(6)	Description Check if travel	outsi	ide of Texas	. Com	plete Schedule T.
	EXPENDITURE		Auvertising	_xpens	-				Check if Austin				
									DIGITAL AD	VEF	RTISING	3	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder	name	(Office sou	ught			Offi	ce he	eld
_	Date		Davis a name										
	03/06/2025		Payee name BLUESTON	E CDE	\TI\/EQ	ıc							
		L											
	Amount (\$)		Payee addres	•	ity;	State	; Zip Co	ode					
	\$95.00		5900 BALC	ONES D	PRIVE								
			STE 100										
			AUSTIN, TX	78731									
	PURPOSE	(a)	Category (Se	e Categorie	s listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees						=				plete Schedule T.
	LXI LINDITORL								Check if Austin	n, TX,	, officeholde	r living	g expense
									FEES				
								L					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder	name	(Office sou	ught			Offi	ce he	eld
	Date		Payee name										
	03/06/2025		BLUESTON	E CRE	ATIVES, I	LLC							
	Amount (\$)		Payee addres	s; C	ity;	State	; Zip Co	ode					
	\$406.00		5900 BALC	ONES D	RIVE								
			STE 100										
			AUSTIN, TX	78731									
	PURPOSE	(0)						(b)	Description				
	OF	^(a)	Category (Se Office Overh				nedule)	(6)	Description Check if travel	outsi	ide of Texas	s. Com	plete Schedule T.
	EXPENDITURE		Office Over	icau/ixe	πιαι Ελρε	1136			Check if Austin				
									WEB SERVI	CE			
	Complete ONLY if direct		Candidate/Offic	eholder	name	(Office sou	ught			Offi	ce he	eld
	expenditure to benefit C/O	Н						-					
l													

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 14/36	Pierson, Katrina L. (The Honorable) 00088279
4	Date	5 Payee name
	01/16/2025	CROSBY OTTENHOFF GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,468.75	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
		CONTENTION OF THE CONTROL OF THE CON
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/18/2025	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	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. Check if Austin, TX, officeholder living expense
		COMPLIANCE CONSULTING
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	04/18/2025	CROSBY OTTENHOFF GROUP
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.47	421 OFFICE PARK DR
		MOUNTAIN BROOK, AL 35223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SUPPLIES
		SOLIT ELES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 15/36	Pierson, Katrina L. (The Honorable) 00088279
4	Date	5 Payee name
	01/22/2025	FISH, ANNE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,400.00	PO BOX 4942
		JACKSON, WY 83001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense RENT
		KEIVI
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/25/2025	KOEBELE, STEVE
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1108 LAVACA ST
	,	STE 110-484
		AUSTIN, TX 78701
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		IN KIND OFFSET: FACILITY RENTAL
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	
	Date	Payee name
L	06/30/2025	NORTON, AIMEE
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	609 LIMMERHILL DR
		ROCKWALL, TX 75087
	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 SOCIAL MEDIA CONSULTING
		SOOME WEDIA CONSCENING
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense 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	l 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: 4/5 Rpt: 16/36	Pierson, Katrina L. (The Honorable) 00088279
4	Date	5 Payee name
	06/30/2025	NORTON, AIMEE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$782.24	609 LIMMERHILL DR
		ROCKWALL, TX 75087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PRINTING
		TANTING
Ļ	Compulate ONII V if diseast	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	02/10/2025	PIERSON, KATRINA
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,969.49	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: DONATIONS, FEES, FOOD,
		TRAVEL, OVERHEAD
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	03/24/2025	PIERSON, KATRINA
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,596.07	PO BOX 672
		ROCKWALL, TX 75087
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		REIMBURSEMENT: DONATIONS, FEES, FOOD, TRAVEL, OVERHEAD
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	superiorder to borient 6/01	·

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	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	-	nse es/Contract Labor	Travel in Dist Travel Out of OTHER (ente	
1	Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 17/36	Pierson,	Katrina L. (The Honorable)		0008827	9
4	Date	5 Payee nai	me			<u> </u>	
	06/30/2025	1	N, KATRINA				
6	Amount (\$)	7 Payee add	dress; City; S	tate; Zip Code			
	\$1,556.06	РО ВОХ	672				
			ALL, TX 75087	1			
8	PURPOSE OF		(See Categories listed at the top of th	is schedule) (b	Description Check if travel	outside of Toyas C	omplete Schedule T.
	EXPENDITURE	Loan Re	payment/Reimbursement			n, TX, officeholder liv	
							ATIONS, FEES, FOOD,
					TRAVEL, OV	/ERHEAD	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/0 H	Officeholder name	Office sough	t	Office	held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 18/36 Pierson, Katrina L. (The Honorable) 00088279 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/05/2025 SCKOLNICK CPA, HOWARD Amount (\$) Payee address; State; Zip Code City; \$1,500.00 8203 E SIERRA PINTA DR SCOTTSDALE, AZ 85255 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense **ACCOUNTING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 THE MCINTOSH COMPANY Amount (\$) Payee address; City; State; Zip Code \$3,500.00 9203 ESPLANADE DR DALLAS, TX 75220 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 19/36 Pierson, Katrina L. (The Honorable) 00088279 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/30/2025 THE MCINTOSH COMPANY Amount (\$) Payee address; City; State; Zip Code \$10,000.00 9203 ESPLANADE DR DALLAS, TX 75220 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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** 11 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 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	Office Ov Polling Ex 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: 1/17 Rpt: 20/36		Pierson, Katrina L. (The Honorable)				00088279
4	Date 01/02/2025	5	Payee name AMAZON				
6	Amount (\$) \$119.06	7	Payee address; City; State; 410 TERRY AVE N	Zip Co	ode		
	x political contributions intended		SEATTLE, WA 98109				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this school Office Overhead/Rental Expense	edule)	(b) Description	╛	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	01/04/2025		AMAZON				
	Amount (\$)			Zip Co	ode		
	\$66.15		410 TERRY AVE N				
	Reimbursement from political contributions intended		SEATTLE, WA 98109				
	PURPOSE OF		Category (See Categories listed at the top of this school	edule)	Description	≓ .	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Office Overhead/Rental Expense		SUPPLIES] _C	reck if Ausuit, 17, Unicerloider living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 01/10/2025		Payee name AMAZON				
	Amount (\$) \$388.04		Payee address; City; State; 410 TERRY AVE N	Zip Co	ode		
	Reimbursement from political contributions intended		SEATTLE, WA 98109				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this school Office Overhead/Rental Expense	edule)	Description SUPPLIES	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense y - Gift/Awards/Memorials Expense	Polling Ex Printing Ex		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	orean oura'r ayment	The Instruction Guide explains he	ow to co	mplete this form.	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 2/17 Rpt: 21/36	Pierson, Katrina L. (The Honorable)			00088279
4	Date	5 Payee name			L
	01/18/2025	AMAZON			
6	Amount (\$)	7 Payee address; City; State;	Zip Co	do	
٥	\$26.40	410 TERRY AVE N	Zip Co	ue	
	\$20.40	410 TERRY AVE N			
	X Reimbursement from political contributions				
	intended	SEATTLE, WA 98109			
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE			SUPPLIES	
9		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
	C/OH				
	Date	Payee name			
	01/31/2025	AMAZON			
	Amount (\$)	Payee address; City; State;	Zip Co	de	
	\$579.40	410 TERRY AVE N			
	Reimbursement from				
	x political contributions intended	SEATTLE, WA 98109			
	PURPOSE OF	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Overhead/Rental Expense		L	Check if Austri, 174, differrolder living expense
				SUPPLIES	
		<u> </u>			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held
	C/OH				
	Data	T _			
	Date	Payee name			
	04/11/2025	AMAZON			
	Amount (\$)		Zip Co	de	
	\$29.63	410 TERRY AVE N			
	Reimbursement from political contributions				
	x political contributions intended	SEATTLE, WA 98109			
	PURPOSE	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Office Overhead/Rental Expense		Ī	Check if Austin, TX, officeholder living expense
	EXPENDITURE			SUPPLIES	
	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 Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Travel in Dist Travel Out of	
L			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	E			3	iler ID	(Ethics Commission Filers)
	Sch: 3/17 Rpt: 22/36	Pierson, Ka	atrina L. (The Honorable)			(0008827	'9
4	Date	5 Payee name						
	06/23/2025	APPLE						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code							
	\$12.80	1 APPLE P	KWY					
	Reimbursement from							
	X political contributions intended	CUPERTIN	IO, CA 95014		<u> </u>			
8	PURPOSE OF		See Categories listed at the top of this sci	hedule)	(b) Description	=		outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Over	rhead/Rental Expense		L	_		TX, officeholder living expense
					DATA SUBSCRI	IPTI(JN SER\	VICES
9	expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Date	Payee name						
	01/31/2025	AT HOME						
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode			
	\$35.93 5151A US HWY 290 W							
	Reimbursement from							
political contributions intended AUSTIN, TX 78735								
	PURPOSE	Category (s	See Categories listed at the top of this sc	hedule)	Description	Che	eck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	erhead/Rental Expense			Che	eck if Austin,	TX, officeholder living expense
	_/				SUPPLIES			
L								
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
H	Data							
	Date 01/01/2025	Payee name	JAPANESE BISTRO					
_				. = -	l -			
	Amount (\$)	Payee addre		e; Zip Co	ode			
	\$37.93	537 LAURI	INCE DR					
	Reimbursement from political contributions intended	HEATH, T	< 75032					
	PURPOSE	Category (S	See Categories listed at the top of this sc	hedule)	Description	Che	eck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense		[Che	eck if Austin,	TX, officeholder living expense
FOOD / BEVERAGE								
L								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/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 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: 4/17 Rpt: 23/36 Pierson, Katrina L. (The Honorable) 00088279 Date Payee name 03/21/2025 **BLUE KOI JAPANESE BISTRO** Amount (\$) Payee address; City: State; Zip Code \$55.63 537 LAURENCE DR Reimbursement from political contributions Х intended **HEATH, TX 75032 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 06/19/2025 **BLUE KOI JAPANESE BISTRO** Amount (\$) Payee address; City; State; Zip Code \$48.14 537 LAURENCE DR Reimbursement from political contributions Χ **HEATH, TX 75032** 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 01/01/2025 CAPITOL EXTENSION GIFT SHOP City; Payee address; State; Zip Code Amount (\$) \$61.42 1400 CONGRESS AVE E1 006 Reimbursement from Χ political contributions intended AUSTIN, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

SUPPLIES

Office sought

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if Austin, TX, officeholder living expense

Office held

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/Political Committee Credit Card Payment		Gift/Av Legal s	Beverage Expense vards/Memorials Expe Services nstruction Guide			kpense /ages/Contract Labor		Travel in Di Travel Out OTHER (er	
1	Total pages Schedule G:	2 FILE	R NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/17 Rpt: 24/36	l		L. (The Honora	able)			1	000882	,
4	Date	5 Paye	e name	`				<u> </u>		
	01/13/2025	· ·	CEDAR VALLEY SPIRITS							
6	Amount (\$)	7 Paye	ee address;	City;	State:	Zip Co	de			
	\$41.12	1	02 US-290		,	_,				
	Reimbursement from political contributions intended	AUS	STIN, TX 787	37						
8	PURPOSE	(a) Cate	gory (See Cate	gories listed at the top	of this sche	dule)	(b) Description	Che	eck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food	d/Beverage I	Expense				Che	eck if Austin	n, TX, officeholder living expense
							FOOD / BEVER	AGE		
Ļ										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	te/Officeholde	пате			Office sought			Office held
	Date	Paye	ee name							
	04/04/2025	СНІІ	LDREN'S AD	OVOCACY CE	NTER					
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de			
\$150.00 1350 E WASHINGTON ST										
	X Reimbursement from political contributions intended	ROC	CKWALL, TX	75087						
	PURPOSE	Cate	gory (See Cate	gories listed at the top	of this sche	dule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE			ons/Donations Made By				Che	eck if Austin	n, TX, officeholder living expense
	EM EMBITORE	Can	didate/Office	holder/Politica	I Commi	ttee	SPONSORSHIP	S		
	•	Candidat	te/Officeholder	name			Office sought			Office held
	expenditure to benefit C/OH									
H	Data									
	Date 05/27/2025	1 1	ee name I DREN'S AF	OVOCACY CEI	NTEP					
\vdash						Zin Ca	, do			
	Amount (\$) \$250.00	1	ee address; 0 E WASHIN	City; IGTON ST	siale;	Zip Co	ue			
		1330		O I ON 3 I						
	X Reimbursement from political contributions intended	ROC	CKWALL, TX	75087						
	PURPOSE OF	l '	o , .	gories listed at the top		dule)	Description	=		outside of Texas. Complete Schedule T.
	EXPENDITURE			nations Made holder/Politica		ttoc	L	_	eck if Austin	n, TX, officeholder living expense
		Cari	aidate/Office	i ioiuci/Fuillica	COMMIN	ucc	SPONSORSHIP	3		
	Complete ONLY if direct expenditure to benefit	<u> </u> Candidat	te/Officeholder	name			Office sought			Office held
	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: 6/17 Rpt: 25/36 Pierson, Katrina L. (The Honorable) 00088279 Date Payee name 01/30/2025 **COLLIN COUNTY REPUBLICAN PARTY** Amount (\$) Payee address; City; State; Zip Code 2963 W 15TH ST \$1,250.00 STE 2981 Reimbursement from political contributions Х intended PLANO, TX 75075 **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 Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **SPONSORSHIPS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2025 **COLLIN COUNTY REPUBLICAN PARTY** Amount (\$) Payee address; City; State; Zip Code \$1,250.00 2963 W 15TH ST STE 2981 Reimbursement from political contributions Χ PLANO, TX 75075 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** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/12/2025 **DOLLAR GENERAL** Payee address; State; Zip Code Amount (\$) City; \$20.75 5738 MANCHACA RD Reimbursement from Χ political contributions intended AUSTIN, TX 78745 **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 Office Overhead/Rental Expense **EXPENDITURE SUPPLIES** 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 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: 7/17 Rpt: 26/36 Pierson, Katrina L. (The Honorable) 00088279 Date Payee name 06/19/2025 **GODADDY** Amount (\$) Payee address; City; State; Zip Code \$22.17 2155 E GODADDY WAY Reimbursement from political contributions Х intended TEMPE, AZ 85284 **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 Office Overhead/Rental Expense **EXPENDITURE** WEB SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2025 **GOOGLE LLC** Amount (\$) Payee address; City; State; Zip Code \$15.35 1600 AMPHITHEATRE PKWY Reimbursement from political contributions Χ MOUNTAIN VIEW, CA 94043 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 Office Overhead/Rental Expense **EXPENDITURE** WEB SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2025 **GOOGLE LLC** City; State; Zip Code Amount (\$) Payee address; \$15.35 1600 AMPHITHEATRE PKWY Reimbursement from Χ political contributions intended MOUNTAIN VIEW, CA 94043 **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 Office Overhead/Rental Expense **EXPENDITURE** WEB SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

	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	Office Over 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)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 27/36		Pierson, Katrina L. (The Honorable)				00088279
4	Date 03/31/2025	5	Payee name GOOGLE LLC				
6	Amount (\$) \$15.35	7	Payee address; City; State; 1600 AMPHITHEATRE PKWY	Zip Co	ode		
	political contributions intended		MOUNTAIN VIEW, CA 94043				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description	╛	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	04/30/2025		GOOGLE LLC				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$15.35		1600 AMPHITHEATRE PKWY				
	Reimbursement from political contributions intended		MOUNTAIN VIEW, CA 94043				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	≓ .	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		WEB SERVICE	」 Cr	neck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 05/31/2025		Payee name GOOGLE LLC				
	Amount (\$) \$15.35		Payee address; City; State; 1600 AMPHITHEATRE PKWY	Zip Co	ode		
	Reimbursement from political contributions intended		MOUNTAIN VIEW, CA 94043				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this school Office Overhead/Rental Expense	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	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) Event Expense

Advertising Expense Accounting/Banking Consulting 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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 9/17 Rpt: 28/36	Pierson, Katrina L. (The Honorable) 00088279	_
4	Date	5 Payee name	
	06/30/2025	GOOGLE LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.35	1600 AMPHITHEATRE PKWY	
	Reimbursement from political contributions intended	MOUNTAIN VIEW, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule 1	Г.
	OF EXPENDITURE	Office Overhead/Rental Expense	
		WEB SERVICE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Ð	expenditure to benefit	Caldidate/Office floride flame Office sought Office field	
	C/OH		_
	Date	Payee name	
	01/13/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.48	2301 SOUTH CONGRESS AVE	
	Reimbursement from political contributions	ALICTINI TV 70704	
	intended	AUSTIN, TX 78704	_
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule 1 Check if Austin, TX, officeholder living expense	١.
	EXPENDITURE	Food/Beverage Expense FOOD / BEVERAGE	
		Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OH		
	Date	Payee name	=
	01/27/2025	HILL COUNTRY SPRINGS	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$64.99	PO BOX 2220	
	Reimbursement from		
	X political contributions intended	MANCHACA, TX 78652	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule 1	Γ.
	OF EXPENDITURE	Office Overhead/Rental Expense	
		OFFICE SUPPLIES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit	Candidate Office floure field	
	C/OH		_

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/V The Instruction Guide explains how to co	/ages/Contract Labor		OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 10/17 Rpt: 29/36		Pierson, Katrina L. (The Honorable)			00088279			
4	Date	5	Payee name						
	02/12/2025		HILL COUNTRY SPRINGS						
6	Amount (\$)	7	Payee address; City; State; Zip Co	de					
	\$13.99		PO BOX 2220						
	Reimbursement from political contributions intended		MANCHACA, TX 78652						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	4	heck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense	L	-	heck if Austin, TX, officeholder living expense			
				OFFICE SUPPLIE	ES	;			
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	03/03/2025	L	HILL COUNTRY SPRINGS						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$78.98		PO BOX 2220						
	Reimbursement from political contributions intended		MANCHACA, TX 78652						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	4	heck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense				
				OFFICE SUPPLIE	ES	;			
	Commisto ONII V if direct	<u> </u>	adidata/Office baddon no vec	Office country		Office hold			
	expenditure to benefit	cal	ndidate/Officeholder name	Office sought		Office held			
	C/OH								
	Date		Payee name						
	04/02/2025		HILL COUNTRY SPRINGS						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$37.99		PO BOX 2220						
	Reimbursement from political contributions								
	intended		MANCHACA, TX 78652						
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	4	heck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense	CEEIGE CURRU	-	heck if Austin, TX, officeholder living expense			
				OFFICE SUPPLIE	=5)			
	Complete ONLY if direct	<u>ı</u> Caı	ndidate/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 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: 11/17 Rpt: 30/36 Pierson, Katrina L. (The Honorable) 00088279 Date Payee name 05/01/2025 HILL COUNTRY SPRINGS Amount (\$) Payee address; City; State; Zip Code PO BOX 2220 \$72.98 Reimbursement from political contributions Х intended MANCHACA, TX 78652 **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 Office Overhead/Rental Expense **EXPENDITURE** OFFICE SUPPLIES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2025 HILL COUNTRY SPRINGS Amount (\$) Payee address; City; State; Zip Code \$31.99 PO BOX 2220 Reimbursement from political contributions Χ MANCHACA, TX 78652 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 Office Overhead/Rental Expense **EXPENDITURE** OFFICE SUPPLIES Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/12/2025 HILL COUNTRY SPRINGS Payee address; City; State; Zip Code Amount (\$) \$34.99 PO BOX 2220 Reimbursement from Χ political contributions intended MANCHACA, TX 78652 **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 Office Overhead/Rental Expense **EXPENDITURE**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

OFFICE SUPPLIES

Office sought

Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/A	l/Beverage Expense Awards/Memorials Expense Il Services	Office Ove Polling Ex Printing E		T T	ransportation E ravel in District ravel Out of Di	
	Credit Card Payment		The	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2	FILER NAME				3 F	iler ID (E	Ethics Commission Filers)
	Sch: 12/17 Rpt: 31/36		Pierson, Katrina	a L. (The Honorable)			0	0088279	
4	Date	5	Payee name						
	06/24/2025		HOTELTONIGH	ΗT					
6	Amount (\$)	7	Payee address;	City; State;	Zip Co	nde			
١	\$128.00	ľ	901 MARKET S	•	Zip CC	oue			
)					
	Reimbursement from political contributions		#310						
	intended		SAN FRANCIS	CO, CA 94103					
8	PURPOSE	(a)	Category (See Ca	tegories listed at the top of this sche	edule)	(b) Description	=		ide of Texas. Complete Schedule T.
	OF EXPENDITURE		OTHER TRAVE	EL		L	Chec	k if Austin, TX	, officeholder living expense
	-					LODGING			
9	Complete ONLY if direct	Car	ndidate/Officeholde	er name		Office sought		C	Office held
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	06/25/2025		INDEED TOWE	ER					
	Amount (\$)		Payee address;	City; State;	Zip Co	ode			
	\$51.96		200 W 6TH ST						
	Reimbursement from								
	X political contributions intended		AUSTIN, TX 78	3701					
_	PURPOSE	H		tegories listed at the top of this sche	idulo)	Description	Chec	k if travel outs	ide of Texas. Complete Schedule T.
	OF		OTHER TRAVE		edule)	Description	=		, officeholder living expense
	EXPENDITURE		OTTLK TRAVE	_L		PARKING			
						7			
	Complete ONLY if direct	Car	ndidate/Officeholde	er name		Office sought			Office held
	expenditure to benefit	Cai	ididate/Oniceriold	er name		Office Sought			Jilice Held
	C/OH								
	Date		Payee name						
	01/13/2025		LOWE'S						
_	Amount (\$)	┝	Payee address;	City; State;	Zip Co	nde .			
	\$12.97		5510 S IH 35	City, State,	Zip Cc	oue			
			3310 3 111 33						
	Reimbursement from political contributions								
	intended		AUSTIN, TX 78	3745					
	PURPOSE		Category (See Ca	tegories listed at the top of this sche	edule)	Description	=		ide of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhea	d/Rental Expense		L	Chec	k if Austin, TX	, officeholder living expense
						SUPPLIES			
L									
		Car	ndidate/Officeholde	er name		Office sought			Office held
	expenditure to benefit C/OH								
\vdash									

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: 13/17 Rpt: 32/36 Pierson, Katrina L. (The Honorable) 00088279 Date Payee name 01/29/2025 REPUBLICAN PARTY OF ROCKWALL COUNTY Amount (\$) Payee address; City; State; Zip Code PO BOX 863 \$1,500.00 Reimbursement from political contributions Х intended 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 Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **SPONSORSHIPS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2025 REPUBLICAN WOMEN SCHOLARSHIP FUND Amount (\$) Payee address; City; State; Zip Code \$250.00 1237 BAY LINE DR Reimbursement from political contributions Χ ROCKWALL, TX 75087 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 02/28/2025 ROCKWALL COUNTY REPUBLICAN WOMEN Payee address; City; State; Zip Code Amount (\$) \$250.00 PO BOX 1354 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 Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **SPONSORSHIPS**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains h	Office Ov Polling Ex 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				Filer ID (Ethics Commission Filers)		
	Sch: 14/17 Rpt: 33/36		Pierson, Katrina L. (The Honorable)				00088279		
4	Date 02/01/2025	5	5 Payee name TEMU						
6	Amount (\$) \$122.15 Reimbursement from political contributions intended	7	Payee address; City; State; Zip Code 31 SAINT JAMES AVE STE 355 BOSTON, MA 02116						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description SUPPLIES	₫ .	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date		Payee name						
02/13/2025			TEMU						
Amount (\$) Payee address; City; State; Zip Code					ode				
\$163.67			31 SAINT JAMES AVE						
Reimbursement from political contributions intended		STE 355 BOSTON, MA 02116							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	Description SUPPLIES	=	neck if travel outside of Texas. Complete Schedule T. Neck if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date 02/26/2025		Payee name TEXAS CONSERVATIVE COALITION						
	Amount (\$) \$1,000.00 Reimbursement from political contributions intended		Payee address; City; State; 919 CONGRESS AVE STE 450 AUSTIN, TX 78701	Zip Co	ode				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this school Contributions/Donations Made By Candidate/Officeholder/Political Commit	,	Description	Ch	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense		
	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

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	xpense Vages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)		
	Sch: 15/17 Rpt: 34/36	Pierson, K	atrina L. (The Honorable)			00088279		
4	Date	5 Payee name	е					
	02/28/2025	TEXAS DEPARTMENT OF CRIMINAL JUSTICE						
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode			
	\$174.01							
	Reimbursement from							
	X political contributions intended	HUNTSVILLE, TX 77342						
8	PURPOSE		See Categories listed at the top of this so	hodulo)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
ľ	OF	' '	rhead/Rental Expense	neuule)	(b) Description	Check if Austin, TX, officeholder living expense		
	EXPENDITURE	Office Ove	ineau/Neniai Expense		SUPPLIES	_		
9	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought	Office held		
ľ	expenditure to benefit	Caradate/Onice	Shouer hame		Office Sought	Cince field		
	C/OH							
	Date	Payee name	e					
	05/29/2025	TEXAS DE	PARTMENT OF CRIMINA	L JUSTIC	CE			
	Amount (\$)	Payee address; City; State; Zip Code						
\$210.82 PO BOX 4013								
	Reimbursement from							
	x political contributions intended	HUNTSVII	LE, TX 77342					
	PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF		rhead/Rental Expense	,	l Ė	Check if Austin, TX, officeholder living expense		
EXPENDITURE			- ф		SUPPLIES			
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held		
expenditure to benefit C/OH								
	C/OI1							
	Date	Payee name	е					
01/31/2025		TEXAS DEPARTMENT OF MOTOR VEHICLES						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.58	4000 JACI	KSON AVE					
	Reimbursement from							
	X political contributions intended	AUSTIN, T	X 78731					
	PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Fees				Check if Austin, TX, officeholder living expense		
	LAPENDITORE				FEES			
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held		
	expenditure to benefit C/OH							
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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: 16/17 Rpt: 35/36 Pierson, Katrina L. (The Honorable) 00088279 Date Payee name 01/22/2025 TEXAS HOUSE REPUBLICAN CAUCUS Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO BOX 13305 Reimbursement from political contributions Х intended AUSTIN, TX 78711 **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 Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee MEMBERSHIP DUES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2025 TEXAS LEGISLATIVE BLACK CAUCUS Amount (\$) Payee address; City; State; Zip Code \$500.00 1108 LAVACA ST STE 110 PMB 171 Reimbursement from political contributions Χ AUSTIN, TX 78701 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 MEMBERSHIP DUES Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/16/2025 TORCHY'S TACOS State; Zip Code Amount (\$) Payee address; City; \$28.58 2224 W UNIVERSITY DR Reimbursement from Χ political contributions intended **DENTON, TX 76201 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

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials Expense Legal Services		Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
		1	The Instruction Guide expla	ins now to co	implete this form.				
1	Total pages Schedule G:	2 FILER NAM	ΛE			3 Filer ID (Ethics Commission Filers)			
	Sch: 17/17 Rpt: 36/36	Pierson, k	(atrina L. (The Honorable))		00088279			
4	Date	5 Payee nam	е						
	02/01/2025	UBER							
6	Amount (\$)	7 Payee add	ress; City; St	ode					
-	\$380.15	1 1	RKET ST #400						
		1400 1/1/1	(KET 01 #400						
	X Reimbursement from political contributions intended	SAN FRA	NCISCO, CA 94103						
8	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel In I	District			Check if Austin, TX, officeholder living expense			
	LAFLINDITORL				TRAVEL				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Offic	eholder name		Office sought	Office held			
	Date	Payee nam	e						
	01/17/2025	USPS	-						
	Amount (\$)		roce: City: St	Chata. Tin Code					
	` '	Payee address; City; State; Zip Code							
\$100.00 609 S GOLIAD ST									
	Reimbursement from political contributions intended	ROCKWA	LL, TX 75087						
	PURPOSE	Category	(See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Office Ove	erhead/Rental Expense			Check if Austin, TX, officeholder living expense			
LXI ENDITORE			PO BOX RENEWAL						
		Candidate/Offic	eholder name		Office sought	Office held			
	expenditure to benefit C/OH								
	Date	Payee nam	e						
02/20/2025		WICKLAND'S SWEET CONNECTION							
Amount (\$)		Payee address; City; State; Zip Code							
	\$322.67	1	IGBRIDGE RD						
	X Reimbursement from political contributions intended	FORNEY,	TX 75126						
	PURPOSE	Category	(See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Bev	erage Expense		Check if Austin, TX, officeholder living expense				
					FOOD / BEVERA	AGE			
	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held			
	expenditure to benefit C/OH				3				