# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this	s form. 1 Filer ID (Ethics Commis 00041354		2 Total pages filed: 105
3 CANDIDATE /	MS / MRS / MR FIRS	Т	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Lois	W.		Date Received ELECTRONICALLY FILED
	NICKNAME LAST	 T	SUFFIX	07/15/2025
	Kolk	horst	301117	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 2546			Receipt # Amount
Change of Address	Brenham, TX 77834			
	Dierman, 17, 17604			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	Γ	MI	=
TREASURER NAME	Mr. Robe	ert F.		
	NICKNAME LAST		SUFFIX	
	Mikes		331111	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX F	PLEASE); AP1	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1401 Victoria St.			
(Residence or Business)	Brenham, TX 77833			
7 CAMPAIGN	AREA CODE PHONE NUM	MBER EXTENSION		
TREASURER PHONE	(979) 830-9171			
8 REPORT				
TYPE	January 15 30tl	h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	Exceeded modified	Final Report (Attach C/OH-FR)
		, L	reporting limit	, , , ,
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	5
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
		_	_	
11 OFFICE	OFFICE HELD (if any)	•	12 OFFICE SOUGHT	(if known)
	State Senator District 18 Washir	ngton	State Senator Dis	strict 18
	1			
		GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 105

13 C / OH NAME	Kolkhorst, Lois W. (T	ne Honorable)	<b>14</b> Filer ID (I	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	M candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive it						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS				
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
	(OTHER THAN I	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 15,000.00			
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		<b>\$</b> 1,476.44			
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 135,346.86			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 3,091,584.46			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Hono	rable Lois W. Kolkhor	st			
		Signature of	Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

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

# FORM C/OH COVER SHEET PG 3

				3 of 105					
18 FILER NAME  Kolkhorst, Lois W. (The Honorable)  19 Filer ID (Ethics Commission Filers)  00041354									
20 SCHEDULE S	SUBTOTAL	AMOUNT							
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,000.00					
2 \$	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4. X	SCHEDULE E: LOANS		\$	0.00					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	117,520.68					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	575,000.00					
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	17,826.18					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	61,163.50					
			•						

ETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
truction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/105
	3 Filer ID (Ethics Commission Filers) 00041354
5 Full name of contributor out-of-state PAC (ID#:)  Texans For Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$10,000.00
Austin, TX 78701	ne)
9 Employer (See instructions)	15)
Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$5,000.00
	ns)
- S - S - O	Struction Guide explains how to complete this form.  AME  St, Lois W. (The Honorable)  5 Full name of contributor  out-of-state PAC (ID#:  )  Texans For Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701  occupation / Job title (See Instructions)  9 Employer (See Instruction out-of-state PAC (ID#:  )  Texans United For A Conservative Majority  Contributor address; City; State; Zip Code  Victoria, TX 77901

LOAI	NS							so	CHEDULE	E
The Ins	struction	Guide explains h	ow to complete	e this f	orm.	1		ges Schedule 1 Rpt: 5/10		
2 FILER NA		. (The Honorable)				3	Filer ID 000413	(Ethics Cor	nmission File	ers)
4 TOTAL	OF UNI	ΓΕΜΙΖΕD LOANS						\$		0.00
5 Date of lo	oan 7	Name of lender	out-of	f-state PA	C (ID#:		)	9 Loan An	nount (\$)	
6 Is lender financial institution		Lender address;	City;	State;	Zip Code			10 Interest		
								11 Maturity	Date	
12 Principal	occupation	/ Job title (See Instructi	ons)		13 Employer (See Ins	structions)				
14 Description		eral			15 Check if personal	funds were	e deposited		account tructions)	
16 GUARAN INFORM		7 Name of guarantor						19 Amount	Guaranteed	(\$)
not a	pplicable 1	18 Guarantor address;	City;	State;	Zip Code					
20 Principal	occupation				21 Employer (See Ins	structions)		l		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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: Sch: 1/53 Rpt: 6/105	2 FILER NAME  Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00041354
	3cm. 1/33 Kpt. 0/103	· · · · · · · · · · · · · · · · · · ·
4	Date	5 Payee name
	02/04/2025	Alessandro Gallery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$301.80	1803 Northridge Drive
		Austin, TX 78723
Ļ		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Print framed for Capitol Office
		Finit trained for Capitor Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	02/12/2025	Alonti Catering
	Amount (\$)	Payee address; City; State; Zip Code
	\$778.02	3421 W William Cannon Drive
	Φ110.02	
		#115
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for Finance Committee Hearing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Dayaa nama
		Payee name
	02/07/2025	Alphagraphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,596.92	2023 S. Texas Avenue
		Bryan, TX 77802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Engraved Cards and Envelopes
H	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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/53 Rpt: 7/105 Kolkhorst, Lois W. (The Honorable) 00041354 4 Date Payee name 03/05/2025 **Alphagraphics** 6 Amount (\$) Payee address; State; Zip Code \$895.88 2023 S. Texas Avenue Bryan, TX 77802 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 7x5 Notecard and envelopes "Not at State Expense" Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2025 Amazon.com, Inc. Amount (\$) Payee address; City; State; Zip Code \$157.98 **Customer Service** P. O. Box 81226 Seattle, WA 98108-1226 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Keyboard and Mouse for IPad Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2025 Amazon.com, Inc. Amount (\$) Payee address: City; State; Zip Code \$32.35 **Customer Service** P. O. Box 81226 Seattle, WA 98108-1226 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ink Cartridges Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servic				/ages	s/Contract Labor			Out of Dis (enter a	strict category not listed above)
L		_			ction Guide	expiains i	110W (0 CO	mpie	ete this form.	_			
1	Total pages Schedule F1:	2								3	Filer I	D	(Ethics Commission Filers)
_	Sch: 3/53 Rpt: 8/105	_	Kolkhorst, L	.ois W. (7	he Honor	able)					0004	1354	
4	Date	5	Payee name										
L	02/27/2025	L	Bellville Ho	spital Fou	ındatioin								
6	Amount (\$)	7	Payee addre	ss; Ci	ty;	State;	Zip Co	de					
	\$2,000.00		P.O. Box 55	5									
			Bellville, T	< 77418									
8	PURPOSE	(a)	Category (S	ee Categories	listed at the to	op of this sch	edule)	(b)	Description				
	OF		Event Expe				,		Check if travel	outsi	ide of Tex	kas. Com	plete Schedule T.
	EXPENDITURE								Check if Austin	, TX,	, officeho	lder living	g expense
									Hospital Gala	à			
9	Complete ONLY if direct		Candidate/Off	ceholder r	name	C	Office sou	ght			0	ffice he	eld
	expenditure to benefit C/OI	H 											
	Date		Payee name										
	04/04/2025		Blinn Colle	ge Alumn	i & Friend	s Associa	ation						
	Amount (\$)		Payee addre	ss; Ci	ty;	State;	Zip Co	de					
	\$330.16		902 College	e Ave.									
			Brenham, T	X 77833									
	PURPOSE OF	(a)	Category (S				edule)	(b)	Description				
	EXPENDITURE		Contribution						<b>=</b>				plete Schedule T.
			Candidate/	πicenolα	aer/Politica	ai Comm	ittee		Check if Austin				al donated for charitable
									fundraising e			e 380	ai aonatea ioi chantable
<u> </u>	Complete ONU V if allow	<u> </u>	Open did - t - 1000				)#inn	a. le +				£6: a. c. l.	- I al
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer r	iame	C	Office sou	gnt			O	ffice he	eiu
_	Data												
	Date		Payee name		_								
	01/06/2025		Blue Bell C	eamerie	5								
	Amount (\$)		Payee addre	•	-	State;	Zip Co	de					
	\$280.32		9427 Middle	e Fiskville	Road								
			Austin , TX	78753									
	PURPOSE	(a)	Category (S	ee Categories	listed at the to	op of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expe	ense				<b></b>				plete Schedule T.
									Check if Austin				
									ice Cream to	r C	onstitu	ients i	n the Capitol Office
	Complete ONLY if direct	Ц	Candidate/Offi	oobolder :	nama		Office corr	abt				ffice he	old.
	Complete ONLY if direct expenditure to benefit C/OI		oanuluate/O∏	cenolaeri	iaiiie	C	Office sou	yııı			U	mee ne	ziu -

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/53 Rpt: 9/105	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	05/30/2025	Blue Bell Creameries	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
U	\$236.88	P.O. Box 674272	
	Ψ230.00	F.O. Box 014212	
		D. II. TV 77007	
		Dallas, TX 75267	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 cod/Beverage Expense	outside of Texas. Complete Schedule T.
		, <u> </u>	TX, officeholder living expense constituents in the Capitol office during
		89th legislativ	·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Date	Payee name	
	02/07/2025	Blue Bell Creameries	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$280.32	9427 Middle Fiskville Road	
		Austin, TX 78753	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		ice Cream for	constituents in the Capitol Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	03/12/2025	Blue Bell Creameries	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$212.88	P.O. Box 674272	
		Dallas, TX 75267	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Ice Cream for	constituents in Capitol office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/O	1	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/53 Rpt: 10/105	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	03/26/2025	Blue Bell Creameries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$272.88	P.O. Box 674272
		Dallas, TX 75267
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ice Cream Capitol Office for constituents
		loc Gream capitor emission constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Blue Bell Creameries
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.04	P.O. Box 674272
		Dallas, TX 75267
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ice Cream for Capitol Office Constituents
		loc Greath of Suprior Smoot Schoolachie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/14/2025	Blue Bell Creameries
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.44	P.O. Box 674272
	Φ211.44	F.O. BOX 014212
		Dallas, TX 75267
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ice Cream for Capitol office for constituents
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Cor		Gift/Awards/Memorials Legal Services			ages.	/Contract Labor		Travel Ou OTHER (		strict category not listed above)	
L	<del></del>	_		The Instruction G	uide explains	now to col	npie	ete this form.	_				
1	Total pages Schedule F1:	2							3	Filer ID		(Ethics Commission Filers)	
_	Sch: 6/53 Rpt: 11/105	<u> </u>		ois W. (The Ho	norable)					00041	354		
4	Date	5	Payee name										
L	02/13/2025	L	Brenham Ba	nner-Press									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de	· · · · · · · · · · · · · · · · · · ·					
	\$382.50		P. O. Box 58	35									
			2430 Stringe	er 77833									
			•	X 77834-0585									
8	PURPOSE	(a)					(b)	Description					_
	OF	(")	Advertising	e Categories listed at t	uie top of this sch	ieauie)	(~)		outsi	de of Texa	s. Com	plete Schedule T.	
	EXPENDITURE		, averusing	Ехропос				Check if Austin,					
								Ad in Progres	ss E	Edition			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Off	ice he	eld	
	expenditure to benefit C/OF	н —											
	Date		Payee name										
	04/10/2025	L	Brenham IS	D Education Fo	oundation								
	Amount (\$)	Γ	Payee addres	ss; City;	State;	; Zip Co	de						
	\$270.62		P.O. Box 11	47									
			Brenham , 1	X 77833									
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description					
	EXPENDITURE			s/Donations Ma		.:		<b>=</b>				plete Schedule T.	
			Candidate/(	Officeholder/Pol	ilical Comm	ııttee		Check if Austin,				charitable fundraising	
								event	ı <del>C</del> X	us ridu	, 101 (	onantable fullulaising	
	Complete ONLY if direct			ceholder name		Office soug	ght			Off	ice he	eld	
	expenditure to benefit C/OF				,	55 550(	٠.٠٠			511			
	Date	Г	Payee name										
	06/02/2025		Brett Jacobs	son									
	Amount (\$)	$\vdash$	Payee addres		State	; Zip Co	de						
	\$500.00		2908 Monte	, ,,	Siale,	, <u>Lip C</u> U	uc						
	φουυ.υυ		2300 MINITE	ii Court									
			Dlane TV 7	5025									
			Plano, TX 7			<del></del> -	<i>a</i> :						
	PURPOSE OF	(a)		e Categories listed at		iedule)	(a)	Description	oute:	do of Toyo	c Com	ploto Schodulo T	
	EXPENDITURE		Salaries/Wa	ges/Contract L	abor			Check if travel of Check if Austin,				plete Schedule T.	
								Session Bonu		Smoorioide	or nami	, onpolico	
								<b>20</b> 110	-				
	Complete ONLY if direct	Щ	Candidate/Offic	ceholder name		Office soug	ght			Off	ice he	eld	
	expenditure to benefit C/OF				`	,							
													_
	<del></del>	·											

#### SCHEDULE F1

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

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

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/53 Rpt: 12/105 Kolkhorst, Lois W. (The Honorable) 00041354 4 Date Payee name 02/02/2025 Buck, Sally 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 4527 North Lamar Blvd Austin, TX 78751 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Session Bonus Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2025 CatSpring Volunteer Fire Department Amount (\$) Payee address; City; State; Zip Code \$330.16 P.O. Box 38 Cat Spring, TX 78933 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Porch Rocker with Texas State Seal donated for charitable Fundraising event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/18/2025 Central Fort Bend Chamber of Commerce Amount (\$) Payee address: City: State: Zip Code \$60.00 4120 Avenue H Rosenberg, TX 77471 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Attended State of the City Richmond Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/53 Rpt: 13/105	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/21/2025	Central Fort Bend Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	4120 Avenue H
		Rosenberg, TX 77471
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fort Bend County Day at the Capitol
		Tort Bend County Bay at the Capitor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2025	Chapa, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	10593 Lake Palmento
	, ,	
		Conroe, TX 77385
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract Labor Campaign Services
		Contract Labor Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	01/03/2025	Chapa, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	10593 Lake Palmetto Drive
		Conroe, TX 77385
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/53 Rpt: 14/105	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	06/05/2025	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13,291.64	Cardmember Service
		P. O. Box 15123
		Wilmington , DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of Credit Card Bill for Credit CardCharges
		Payment of Cledit Card Bill for Cledit Card Charges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,534.54	Cardmember Service
		P. O. Box 15123
		Wilmington , DE 19850
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
		Credit Card Payment
		Credit Card Layment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	01/17/2025	City of Rosenberg
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P. O. Box 32
		2110 4th Street
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		State of the City
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/53 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	06/02/2025	Clampit, Braden	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
٠	\$550.00	1159 County Road 385	
	φ330.00	1100 County Nodu 300	
		Canada TV 70000	
		Gonzales, TX 78629	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Galaries/ Wages/ Cornitaet Easter	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Session Boni	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/07/2025	Clayton Spangler Photographic Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$549.00	235 Point Lick Drive	
	φ0-10.00	200 F GIRL LIGK BITVE	
		Charleston, WV 25306	
	DUDDOOF	I	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule)  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overfiedd/Nertial Experise	, TX, officeholder living expense
		Framed Phot	o of the 89th Legislature's
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/24/2025	Conroe Lake Conroe Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	P.O. Box 2347	
		CONROE, TX 77305	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		Montgomery	County Day at the Capitol
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Orange to borion of or	•	

### SCHEDULE F1

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

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

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

	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: 11/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	06/02/2025	Cormier, Craig
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	3061 Camden Park Lane
		League City , TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Session Bonus
		GGGGIGH BOHLG
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Dougo nama
	01/18/2025	Payee name  Costco Wholesale Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.18	4301 W. William Cannon Dr.
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Snacks for Capitol and Health office for staff and constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name  Cuero Chamber of Commerce
	01/29/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	210 East Main
		Cuero, TX 77954
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly Chamber Luncheon
		Monthly Chamber Editcheon
_	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 Comm

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

	Candidate/Officeholder/Politica 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: 12/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/11/2025	Cuero Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	210 East Main
		Cuero, TX 77954
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Cuero Day at the Capitol
		Cuero Day at the Capitor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	03/05/2025	Cuero Chamber of Commerce
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	210 East Main
	φ50.00	210 East Main
L		Cuero, TX 77954
	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
		Yearly Chamber Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/28/2025	Cuero Chamber of Commerce
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	210 East Main
	φ33.00	210 East Main
		Cuero TV 77054
		Cuero, TX 77954
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Cuero Chamber of Commerce Banquet
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
$\vdash$		
I		

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/53 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4 Date	5 Payee name	•
03/31/2025	Cuero Chamber of Commerce	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Co 210 East Main	ode
	Cuero, TX 77954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Chamber Lunch. Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ight Office held
Date	Payee name	
04/02/2025	Cuero Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Co 210 East Main Cuero, TX 77954	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cuero Chamber of Commerce Networking Mixer
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
06/24/2025	Curtis, Heather	
Amount (\$) \$1,876.00	Payee address; City; State; Zip Co P.O. Box 1160 Palacios, TX 77465	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  End of Session gifts for staff and Committee Members
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/24/2025	DeWitt County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	c/o Jeannie Seidel
		1209 Seidel Rd.
		Westhoff, TX 77994
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Lunch for Senate District 18 meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	04/26/2025	DeWitt Medical Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.40	615 N. Esplanade
		Cuero, TX 77954
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Ticket for staff to attend DeWitt Medical Foundation
		Gala
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/26/2025	Discount Mini Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	301 Salem Road
	, ,	
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		1 year Rental Storage space for campaign materials
	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:	2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
	Sch: 15/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354	
4	Date	5 Payee name	
	01/24/2025	Ed Shack	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,240.00	4410 Bellevue Avenue	
		Austin, TX 78756	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Legal Services  Check if travel outside of Texas. Complete Schedul	е Т.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Review of ethics commission report 1	2.31.2024
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
┕	'		
l	Date	Payee name	
L	01/03/2025	Fischer , Andrea	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,500.00	9858 Friendship Circle	
l			
l		Burton, TX 77835	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	е Т.
l		Contract Labor Campaign Services	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	06/02/2025	Fischer , Andrea	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00		
	, <del>-</del> , -, -, -		
l		Burton, TX 77835	
⊢	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule	е Т.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Session Bonus	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientale to beliefft G/OI	201	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica			Legal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction Gui	ide explains how	to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 16/53 Rpt:		Kolkhorst, Lo	ois W. (The Hon	orable)					00041354		
4	Date	5	Payee name									$\overline{}$
	02/13/2025		Flatonia Cha	amber Commerc	e							
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	ip Cod	de					
	\$100.00		208 East No	rth Main Street								
			Flatonia, TX	78941								
8	PURPOSE	(a)	Category (Sa	e Categories listed at the	e ton of this schedule	a) (	(b)	Description				
	OF	<b> </b> `´	Fees	e categories iisted at tire	c top of this schedule		` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							_		officeholder livin	ng expense	
								Yearly Cham	ber	dues		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Offic	e soug	ght			Office h	neld	
		_										
	Date		Payee name									
	05/22/2025		Fort Bend C	hamber of Comr	merce							
	Amount (\$)		Payee addres		State; Zi	ip Cod	de					
	\$35.00		445 Comme	rce Green Blvd.								
			Sugar Land	, TX 77478								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule	e) (	(b)	Description				
	OF EXPENDITURE		Event Exper	ise				<b>=</b>			mplete Schedule T.	
								<b>—</b>		officeholder livin Healthcar	e Workforce Luncheon	
								pog			2 11011110100	
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	_
	expenditure to benefit C/OF						•					
-	Date	Г	Payee name									_
	03/03/2025		•	hamber of Comr	merce							
	Amount (\$)		Payee addres		State; Zi	in Coc	de.					_
	\$55.00		•	rce Green Blvd.	Otato, Zi	.р Оос						
	455.55			.00 0.00 2								
			Sugar Land	TX 77478								
	PURPOSE	(0)				- 1,	(h)	Description				
	OF	(a)	Event Exper	e Categories listed at the	e top of this schedule	9)	(D)	Description  Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Lvent Lxper	130				ш		officeholder livin		
								_	gar	Land 2025	Mayoral Candidate	
								Forum				
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	e soug	ght			Office h	neld	
L	expenditure to benefit C/OF	п 										

### 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: 17/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	06/13/2025	Fort Bend Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	445 Commerce Green Blvd.
		Sugar Land , TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Attended 2025 State of Higher Education
		/ ittoriada zozo diata di i ligilar zadatani
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/12/2025	Fort Bend History Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	P.O. Box 460
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fort Bend History Association honoring Steve
		Onstad Onstad
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 03/12/2025	Payee name
		Fort Bend Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	Doug White
		5423 Ashley Way Court
		Sugar Land , TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense
		Sponsorship
	Commission ONU Wife allows	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 Cabadula F1:			
1	Total pages Schedule F1:			
	Sch: 18/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354		
4	Date	5 Payee name		
	04/04/2025	Fort Bend Republican Party		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$270.62	Doug White		
	42.0.02			
		5423 Ashley Way Court		
		Sugar Land , TX 77479		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By		
	LA LIBITORE	Candidate/Officeholder/Political Committee		
		3x5 Framed Texas Flag donated for charitable Fundraising event		
		Fullulaising event		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/30/2025	Fort Bend Republican Women's Club		
_				
	Amount (\$)			
	\$35.00	c/o Lois Gremminger		
		1910 Fawn Way Court		
		Richmond , TX 77406		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		March Luncheon		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	1		
	Date	Payee name		
	04/23/2025	Fort Bend Republican Women's Club		
		· · · · · · · · · · · · · · · · · · ·		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$30.00	c/o Lois Gremminger		
		1910 Fawn Way Court		
		Richmond, TX 77406		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		April Luncheon Staff attended		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
l	expenditure to benefit C/OH			
I	expenditure to benefit C/Oi	1		
	expenditure to benefit C/Or	1		
	expenditure to benefit C/Or			

#### SCHEDULE F1

**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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 19/53 Rpt:	2 FILER NAME  Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00041354
-	
4 Date	5 Payee name
04/23/2025	Fort Bend Republican Women's Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.00	c/o Lois Gremminger
	1910 Fawn Way Court
	Richmond, TX 77406
0 DUDDOCE	(a) a
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Yearly dues for Paula Gibson and Senator Lois
	Kolkhorst
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/29/2025	Fort Bend Republican Women's Club
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	c/o Lois Gremminger
	1910 Fawn Way Court
	Richmond, TX 77406
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly Lunch meeting staff attended
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/26/2025	Fort Bend Republican Women's Club
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	c/o Lois Gremminger
+53.00	1910 Fawn Way Court
	Richmond , TX 77406
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly Membership meeting and Luncheion
	Monany Membership meeting and Eunonelon
Complete <u>ONLY</u> 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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/03/2025	Gibson, Paula
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2222 Mossy Glen Court
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Contract Labor Compaign Sorvings
		Contract Labor Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Data	
	Date 01/03/2025	Payee name Gibson, Paula
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2222 Mossy Glen Court
		Richmond, TX 77406
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	04/09/2025	Goliad Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P. O. Box 606
		Goliad, TX 77963
	PURPOSE	las
	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
		Yearly Chamber Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/53 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00041354
4	Date 01/30/2025	5 Payee name Gonzales Chamber Of Commerce & Agriculture
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 304 Saint Louis St.
		Gonzales, TX 78629
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Annual Chamber Banquet
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/29/2025	Payee name Grace Lutheran School
	Amount (\$) \$330.16	Payee address; City; State; Zip Code  1212 West Jefferson
		Brenham, TX 77833
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Wooden Rocking Horse donated for Charitable Fundraising event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/07/2025	Payee name Greater Fayetteville Chamber of Commerce
	Amount (\$) \$150.00	Payee address; City; State; Zip Code P. O. Box 217
		Fayetteville , TX 78940
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Yearly Membership Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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	. •	2 FILER NAME  3 Filer ID (Ethics Commission Filers)
	Sch: 22/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date 01/06/2025	<ul><li>5 Payee name</li><li>Greater Magnolia Parkway Chamber Of Commerce</li></ul>
-	Amount (\$)	7 Payee address; City; State; Zip Code
U	\$1,500.00	P.O. Box 399
	Ψ1,300.00	F.O. DOX 399
		Magnolia , TX 77353
8	PURPOSE	
0	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
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/06/2025	Greater Magnolia Parkway Chamber Of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	P.O. Box 399
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Magnolia , TX 77353
	DUDD005	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2025	Grimes County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P. O. Box 550
	, ,	112 Farquhar St.
		Navasota, TX 77868
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Table sponsor Reagan Trump Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 23/53 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00041354
4	Date 02/22/2025	5 Payee name Grimes County Republican Party
	Amount (\$) \$330.16	7 Payee address; City; State; Zip Code P. O. Box 550 112 Farquhar St. Navasota, TX 77868
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donated item for Charitable Fundraising Event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/24/2025	Payee name H. E. B. Brenham
	Amount (\$) \$7.96	Payee address; City; State; Zip Code 2508 S. Day St.  Brenham, TX 77833
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks for office meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/17/2025	Payee name H. E. B. Brenham
	Amount (\$) \$47.00	Payee address; City; State; Zip Code 2508 S. Day St.
		Brenham, TX 77833
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Welcome gifts for Senators - coffee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/53 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	04/09/2025	Hallettsville Chamber of Commerce & Agriculture	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	1614 N. Texana St.	
		Hallettsville, TX 77964	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense early chamber dues
			carry chamber duce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	05/14/2025	Harland Clarke	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$395.42	P. O. Box 460	
	, , , ,		
		San Antonio, TX 78292	
	PURPOSE		escription
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			hecks, deposit slips, check endorsement stamp nd binder for main bank account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to belieff of of	'	
	Date	Payee name	
	06/03/2025	Harris County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	8588 Katy Freeway, Suite 445	
		Houston, TX 77024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense incoln Reagan Dinner
			incom reagan biliner
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	C55514

### SCHEDULE F1

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

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

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

Candidate/Officeholde Credit Card Payment	r/Political 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 Schedu Sch: 25/53 Rp	le F1: 2 FILER NAME t: Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4 Date 06/02/2025 6 Amount (\$) \$1,00	<ul> <li>5 Payee name     Heare, Ryan</li> <li>7 Payee address; City; State; Zip Code</li> </ul>
	Apt. 1131 Austin, TX 78745
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Session Bonus
Complete ONLY if d expenditure to bene	
Date 01/18/2025	Payee name Hobby Lobby Brenham
Amount (\$) \$4	Payee address; City; State; Zip Code  1.52 810 US Highway 290 E.
	Brenham , TX 77833
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gifts
Complete <u>ONLY</u> if d expenditure to bene	
Date 06/02/2025	Payee name Julia Paterson
Amount (\$) \$57	Payee address; City; State; Zip Code  5.00 2399 Keilers Lane
	Round Top, TX 78954
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Session Bonus
Complete ONLY if description of the complete o	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 26/53 Rpt:	2 FILER NAME  Kolkhorst, Lois W. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00041354
4	-	
_	Date 06/02/2025	5 Payee name Kelly, Erin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	1844 Euclid Avenue
		Unit 2
_	DUDDOGE	Dallas, TX 75206
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Session Bonus
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/30/2025	Kwik Kopy Business Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.90	2305 S. Day St.
		Breeken, TV 77000
		Brenham, TX 77833
	PURPOSE 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
		Mailings to Constituents
	Complete CNII V if direct	Candidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/17/2025	Kwik Kopy Business Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$371.69	2305 S. Day St.
		Brenham, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Welcome gifts for Senators - Coffee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 27/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354					
4	Date	5 Payee name					
	03/13/2025	Kwik Kopy Business Center					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$59.96	2305 S. Day St.					
		Brenham, TX 77833					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Mailing of auction items					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	03/24/2025	Kwik Kopy Business Center					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$69.95	2305 S. Day St.					
		Brenham, TX 77833					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	LA LABITORE	Check if Austin, TX, officeholder living expense					
		Auction items mailing					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Data						
	Date	Payee name					
	04/17/2025	Kwik Kopy Business Center					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.88	2305 S. Day St.					
		Brenham, TX 77833					
	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					
		Postage to mail auction item					
		. Solage to mail auditor nom					
	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

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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Servi				Vages	/Contract Labor		OTHER (enter		y not listed above)	
1	Total pages Schedule F1:	2 F	ILER NAME							3	Filer ID	(Ethi	cs Commission Filers)
L	Sch: 28/53 Rpt:	К	Colkhorst, L	ois W. (	The Hono	rable)					00041354		
4	Date	<b>5</b> P	ayee name										
	06/05/2025	L	a Grange	Chambe	r of Comn	nerce							
6	Amount (\$)	<b>7</b> P	ayee addre	ss; C	ity;	State;	; Zip Co	ode					
	\$75.00	2	20 West C	olorado	Street								
L		L	a Grange,	TX 7894	15								
8	PURPOSE OF		ategory (Se	ee Categorie	s listed at the	top of this sch	edule)	(b)	Description				
	EXPENDITURE	F	ees						_		ide of Texas. Co , officeholder livir		
									Membership			9	
									·				
9	Complete ONLY if direct expenditure to benefit C/Ol		ndidate/Offi	ceholder	name	C	Office sou	ght			Office h	eld	
	experientare to benefit 6/61												
	Date	Р	ayee name										
	06/02/2025	M	/IcLoughlin	, Grant									
	Amount (\$)	Р	ayee addre	ss; C	ity;	State;	; Zip Co	ode					
	\$2,000.00	9	16 Fenway	/ Park C	ourt								
		R	Round Rocl	k , TX 78	8665								
	PURPOSE	(a) C	ategory (Se	ee Categorie	s listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	s	Salaries/Wa	ages/Cor	ntract Lab	or			<b>=</b>		ide of Texas. Co		
									Session Bonu		, officeholder livir	ig expens	se
									2000.020				
Н	Complete ONLY if direct	LCa	ndidate/Offi	ceholder	name		Office sou	<u>l</u> ight			Office h	eld	
	expenditure to benefit C/O	Н											
	Date	Р	ayee name										
	06/02/2025	M	letteauer,	Maureer	1								
	Amount (\$)	Р	ayee addre	ss; C	ity;	State;	; Zip Co	ode					
	\$1,500.00	l	02 Harthar				•						
		A	ustin , TX	78703									
	PURPOSE	(a) C	ategory (Se	ee Categorie	s listed at the	top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE	s	Salaries/Wa	ages/Cor	ntract Lab	or			ш		ide of Texas. Co		
									Session Bonu		, officeholder livir	ig expens	se
									2000.011 20110				
$\vdash$	Complete ONLY if direct	LCa	ndidate/Offi	ceholder	name	C	Office sou	<u>l</u> ight			Office h	eld	
	expenditure to benefit C/O							-					
$\vdash$													
1													

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 29/53 Rpt:	Kolkhorst, Lois W. (The Honorable)		00041354
4	Date	5 Payee name		•
	01/03/2025	Moore, Kim		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$2,500.00	112 Andover Street		
		Victoria , TX 77904		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Contract Labor Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/03/2025	Moore, Kim		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$500.00	112 Andover Street		
		Victoria, TX 77904		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Charlest travel sustaids of Tourse Complete Schoolule T
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Contract Labor Campaign Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	experientare to benefit 6/01	1		
	Date	Payee name		
	01/24/2025	Navasota Grimes County Chamber Of Comme		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$60.00	P. O. Box 530		
		117 S. LaSalle St.		
		Navasota, TX 77868		
	PURPOSE 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	rees		Check if Austin, TX, officeholder living expense
				Membership Dues
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	Tatalana O. I. S.	,
1	Total pages Schedule F1:	
L	Sch: 30/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	04/07/2025	Navasota ISD Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.72	705 East Washington Avenue
		<b>3</b>
		Navacata TV 77060
		Navasota , TX 77868
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		fundraising event
<u> </u>	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/28/2025	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
		Ţ
	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
		Monthly service charge fee to close out account
		, , , , , , , , , , , , , , , , , , ,
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
_		
	Date	Payee name
	04/30/2025	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Bank Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 31/53 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date 01/31/2025	5 Payee name PNC Bank	
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 2000 South Market St.	
		Brenham , TX 77833	
8	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense onthly Bank Service Change
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/28/2025	Payee name PNC Bank	
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 2000 South Market St.  Brenham , TX 77833	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Des	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense onthly Bank Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/31/2025	Payee name PNC Bank	
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 2000 South Market St.	
		Brenham , TX 77833	
	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense onthly Bank Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/Political Con

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/31/2025	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly Bank Service Charge
		Worlding Bank Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/24/2025	Quorum Report
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	P.O. Box 8
	Ψ303.10	1.0. 00.0
		Austin TV 70707
L		Austin , TX 78767
	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
		Subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/24/2025	Rockport - Fulton Chamber Of Commerce
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	319 Broadway
	\$130.00	319 Bloadway
		Dealmost TV 70202
		Rockport, TX 78382
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership Dues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues		Credit Card Payment	The Instruction Guide explains how to complete this form.
Date   Seadrift Chamber of Commerce   Seadrift Chamber of Chamber	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Seadrift Chamber of Commerce  Amount (\$)		Sch: 33/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
Seadrift Chamber of Commerce  Amount (\$)	4	Date	5 Payee name
\$50.00 P. O. Box 3  Seadrift, TX 77983  3 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Pees Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date Payee name Senate Lady's Club  Amount (\$) Payee address; City: State; Zip Code  Local Complete ONLY if direct Officeholder name Office sought Office held expenditure to benefit C/OH  Payee address; City: State; Zip Code  Jill Brown 2517 Pecos Austin , TX 78703  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH  Date OF Shedule T. Candidate/Officeholder name Office sought Officeholder T. Candidate/Officeholder T. Cand		01/06/2025	
Seadrift, TX 77983  3 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)	6	Amount (\$)	7 Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder living expense   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete ONLY if direct expenditure to benefit C/OH   Check if Invest outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete ONLY if direct expenditure to benefit C/OH   Check if Invest outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete ONLY if direct expenditure to benefit C/OH   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if		\$50.00	P. O. Box 3
PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder living expense   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete ONLY if direct expenditure to benefit C/OH   Check if Invest outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete ONLY if direct expenditure to benefit C/OH   Check if Invest outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete ONLY if direct expenditure to benefit C/OH   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if Invest outside of Texas. Complete Schedule T.   Check if			
Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX. officeholder Inving expense Tyearly Dues			Seadrift, TX 77983
Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX. officeholder Inving expense Tyearly Dues	8	PURPOSE	(a) Category (con Categories listed at the top of this schedule) (b) Description
Complete QNLY if direct expenditure to benefit C/OH		OF	
Complete QNLY if direct expenditure to benefit C/OH  Date		EXPENDITURE	Check if Austin, TX, officeholder living expense
Date 02/07/2025  Payee name Senate Lady's Club  Amount (\$) Payee address; City; State; Zip Code  \$50.00  \$50.00  \$50.00  Payee address; City; State; Zip Code  \$50.00  \$50.00  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Payee name 01/18/2025  Amount (\$) Payee address; City; State; Zip Code  \$130.39  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Brenham, TX 77833  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held expenditure to benefit C/OH  OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held expenditure to benefit c/OH  Candidate/Officeholder name Office sought Office held  Office held  Candidate/Officeholder name Officeholder name Officeholde			Membership Dues
Date 02/07/2025  Payee name Senate Lady's Club  Amount (\$) Payee address; City; State; Zip Code  \$50.00  \$50.00  \$50.00  Payee address; City; State; Zip Code  \$50.00  \$50.00  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Payee name 01/18/2025  Amount (\$) Payee address; City; State; Zip Code  \$130.39  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Brenham, TX 77833  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held expenditure to benefit C/OH  OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held expenditure to benefit c/OH  Candidate/Officeholder name Office sought Office held  Office held  Candidate/Officeholder name Officeholder name Officeholde			
Date OALY if direct expenditure to benefit C/OH  OALY OALY OALY OALY OALY OALY OALY OALY	9		
O2/07/2025 Senate Lady's Club  Amount (\$) Payee address; City; State; Zip Code  \$50.00 \$50.00 Jill Brown 2517 Pecos Austin , TX 78703  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Date O1/18/2025 Shell  Amount (\$) Payee name 01/18/2025 Shell  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Payee name 01/18/2025 Shell  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  OF EXPENDITURE  (b) Description Office held  (c) Description Office held  (b) Description Office held  (c) Description Office held  (d) Category (see Categories listed at the top of this schedule) Office held  (d) Description Office held  (e) Description Office held  (f) Description Office held  (h) Descri		experialitate to beliefit crof	'
Amount (\$)		Date	Payee name
\$50.00 Jill Brown 2517 Pecos Austin , TX 78703  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (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 Yearly Dues  Complete ONLY if direct expenditure to benefit C/OH  Date O1/18/2025 Shell  Amount (\$) Payee name Shell  Amount (\$) Payee address; City; State; Zip Code  \$130.39 Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Git/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		02/07/2025	Senate Lady's Club
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yearly Dues  Complete ONLY if direct expenditure to benefit C/OH  Date 01/18/2025 Shell  Amount (\$) Payee name Shell  Amount (\$) Payee address; City; State; Zip Code  \$130.39 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (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 Yearly Dues  Complete ONLY if direct expenditure to benefit C/OH  Date O1/18/2025  Amount (\$) Payee name Shell Amount (\$) Payee address; City; State; Zip Code  \$130.39  Payee address; City; State; Zip Code Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		\$50.00	Jill Brown
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yearly Dues  Candidate/Officeholder name Office sought Office held  Date O1/18/2025 Shell  Amount (\$) Payee address; City; State; Zip Code \$130.39 Payee address; City; State; Zip Code Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			2517 Pecos
Check if travel outside of Texas. Complete Schedule T.   Check if value of the complete Schedule T.   Check if Austin, TX, officeholder living expense Yearly Dues      Complete ONLY if direct expenditure to benefit C/OH			Austin , TX 78703
Check if travel outside of Texas. Complete Schedule T.   Check if value of the complete Schedule T.   Check if Austin, TX, officeholder living expense Yearly Dues      Complete ONLY if direct expenditure to benefit C/OH		PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 01/18/2025 Shell  Amount (\$) Payee address; City; State; Zip Code  \$130.39 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Fees Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 01/18/2025 Shell  Amount (\$) Payee address; City; State; Zip Code 1309 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		EXI ENDITORE	
Date 01/18/2025  Payee name Shell  Amount (\$)  Payee address; City; State; Zip Code  \$130.39  Payee address; City; State; Zip Code  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Yearly Dues
Date 01/18/2025  Payee name Shell  Amount (\$)  Payee address; City; State; Zip Code  \$130.39  Payee address; City; State; Zip Code  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
O1/18/2025 Shell  Amount (\$) Payee address; City; State; Zip Code \$130.39 1309 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
O1/18/2025 Shell  Amount (\$) Payee address; City; State; Zip Code \$130.39 1309 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Amount (\$) Payee address; City; State; Zip Code  \$130.39 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
\$130.39 Prairie Lea Street  Brenham, TX 77833  PURPOSE OF CATEGORY (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		01/18/2025	
Brenham, TX 77833  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		\$130.39	1309 Prairie Lea Street
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
OF EXPENDITURE  Gift/Awards/Memorials Expense  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Brenham, TX 77833
EXPENDITURE  GIT/AWards/Memorials Expense  Check if Austin, TX, officeholder living expense			, , , , , , , , , , , , , , , , , , ,
			OlivAwards/Methonals Expense
Welsome Cites for Certagors Confee			l 🗕
1			Woldenie Gille for Gertatore Goriec
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH			· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Pol Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 34/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date	5 Payee name
02/07/2025	Shiner Chamber of Commerce
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.0	0 P. O. Box 221
	Shiner, TX 77984
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
	Yearly Chamber dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
01/08/2025	Spaw Senate Account
Amount (\$)	Payee address; City; State; Zip Code
\$1,100.0	
	P. O. Box 12068
	Austin, TX 78711-2068
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Senate meals and snacks for the 89th Legislative
	Session
Complete ONLY if direct expenditure to benefit C	· ·
Date	Payee name
01/24/2025	Spaw Senate Account
Amount (\$)	Payee address; City; State; Zip Code
\$125.0	0 Texas Senate
	P. O. Box 12068
	Austin, TX 78711-2068
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Coffee Fund for 89th Legislative Session Health
	Human Service Committee
Complete ONLY if direct	
expenditure to benefit C	/OH

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/07/2025	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$361.25	Texas Senate
		P. O. Box 12068
		Austin, TX 78711-2068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		☐ Check if Austin, TX, officeholder living expense Senate Auxiliary staff Bonus
		Schale Adamay Star Bonds
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/03/2025	Steinbach, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,300.00	1304 South Market
		Brenham, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	Steinbach, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,200.00	1304 South Market
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Session Bonus
		Session dutius
_	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 Com

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Sahadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 36/53 Rpt:	Kolkhorst, Lois W. (The Honorable)  Carrier in Carrier
4	Date	5 Payee name
	06/02/2025	Stewart, Kirsten
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	7509 Texoma Trail
		McKinney, TX 75071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Session Bonus
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2025	Sugarland Rotary Club Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$441.66	420 Sugar Creek Blvd
		·
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Donated Constitutional Chair for Charitable Fundraising Event
		<u> </u>
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2025	Sylvia's Enchilada Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	6401 Woodway Drive
		Suite 105
		Houston , TX 77057
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Quarterly Meeting with other District Directors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Git/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	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: 37/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/13/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.11	2025 Guadalupe
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Drinks for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$591.05	P.O. Box 4013
		Huntsville, TX 77432
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation items for Charitable Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$441.66	P.O. Box 4013
		Huntsville , TX 77432
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation items for Charitable Fundraising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Over Polling Ex Printing Ex Salaries/M	pense pense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schodula F1:	12	·		•		3	Filer ID	(Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 38/53 Rpt:		Kolkhorst, Lois W. (The Honorable)				3	00041354	(Ethics Commission Filers)
4	Date	5	Payee name						
	01/24/2025		Texas Department of Criminal Justice						
6	Amount (\$) \$660.33		Payee address; City; State; P.O. Box 4013  Huntsville , TX 77432	Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm		(b)		, TX,	de of Texas. Composition of the	expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office he	eld
	Date		Payee name						
	03/26/2025		Texas Department of Criminal Justice						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$1,034.87		P.O. Box 4013  Huntsville , TX 77432						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	o dulo)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm		(2)	Check if travel	, TX,	de of Texas. Com officeholder living for Charitable	expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office he	eld
	Date 03/26/2025		Payee name Texas Department of Criminal Justice						
	Amount (\$) \$1,424.57		P.O. Box 4013	Zip Co	ode				
			Huntsville , TX 77432						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	•	(b)		, TX,	de of Texas. Composition officeholder living for Charitable	expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office he	eld

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		1
1	Total pages Schedule F1:	
	Sch: 39/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/27/2025	Texas Federation Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 171146
		Austin, TX 78717
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPERICITURE TO DETIENT C/OF	'
	Date	Payee name
	01/24/2025	Texas Senate Purchasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.00	P.O. Box 12068
		Austin , TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		4 Texas Flags
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/27/2025	Texas Senate Purchasing
_		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.00	P.O. Box 12068
		Austin , TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		4 Flags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

### 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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/31/2025	Texas Senate Purchasing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.00	P.O. Box 12068
		Austin , TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation items for Charitable Fundraising
		4 Flags
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2025	Texas Senate Purchasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.50	P.O. Box 12068
	Ψ44.50	F.O. BOX 12000
		Austin , TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Flags for Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	06/13/2025	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.00	P. O. Box 12068
		Capitol Station
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  10 flags purchased for donation items for Charitable
		Fundraising
<u> </u>	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
l		

### SCHEDULE F1

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

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

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

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date	5 Payee name
01/23/2025	Thomas Craft Confections
6 Amount (\$) \$95.90	7 Payee address; City; State; Zip Code 2307 S. Market St.  Brenham, TX 77833
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Snacks for office meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/02/2025	Tiblier, Lucy
Amount (\$) \$200.00	Payee address; City; State; Zip Code  1701 Simone Avenue  Unit 328  Austin, TX 78723
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Session Bonus
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/03/2025	Tiemann, Cheryl
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5085 Roadrunner Lane
	Brenham , TX 77833
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/53 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	01/03/2025	Tiemann, Cheryl	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,700.00	5085 Roadrunner Lane	
		Brenham, TX 77833	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
			Contract Labor Campaign Convices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/07/2025	Tiemann, Cheryl	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.05	5085 Roadrunner Lane	
		Brenham, TX 77833	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense 77 miles @.65 per mile Attend Fayette County
			Republican Women
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	06/11/2025	Toku Asian Bistro & Sushi Bar	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.13	11862 Farm to Market 359	
		Richmond, TX 77406	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Attend Pecan Grove Monthly Women's Club Meeting
			Alteria Fecan Grove Monthly Women's Club Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/30/2025	Tonn, Vicki
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 7706 Pecan Lake Circle
	Ψ130.00	1700 Fecan Lake Circle
		Richmond, TX 77406
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Chairman's Gala
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	True Texas Project
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1220-G Airport Freeway
		#602
		Bedford, TX 76022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Bonation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	U. S. Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.00	309 N. Market St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense P.O. Box Box Rent (1867)
		F.O. BOX BOX Refit (1807)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_		

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	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: 44/53 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	06/25/2025	U. S. Postal Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.60	309 North Market Street	
		Brenham, TX 77833	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Postage	
L			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/04/2025	U. S. Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.14	309 North Market Street	
		Brenham, TX 77833	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	outside of Texas. Complete Schedule T.
	LXI LINDITORL		TX, officeholder living expense
		Mailing to con	istituents
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	'	
	Date	Payee name	
	03/26/2025	U. S. Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$226.00	309 North Market Street	
		Brenham, TX 77833	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		Post Office Bo	TX, officeholder living expense
		"2546"	JA TOHOWAI
	Complete ONLY if direct	Candidate/Officeholder name Office cought	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office field
	· 		
-	rme provided by Tayas E	thics Commission www.athics state ty us	Version V// 1 0 f10d0fd8

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 45/53 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4	Date 01/03/2025	5 Payee name Vallee, Michael
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 9008 Golden Leaf Drive  Austin , TX 78748
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor Campaign Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Vallee, Michael
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 9008 Golden Leaf Drive  Austin , TX 78748
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Session Bonus
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/06/2025	Payee name Vici Media Group
	Amount (\$) \$160.13	Payee address; City; State; Zip Code 5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  SAAS Website Framework Multi Page
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/30/2025	Vici Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
		Austin, TX 78744
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		SAAS Website Framework multi page subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	06/30/2025	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.06	5101 Bonneville Bend
	!	
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense  Turn on Donate button for Anedot
	!	Tam on Bonato Satton for Another
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	06/30/2025	Vici Media Group
		·
	Amount (\$)	Payee address; City; State; Zip Code 5101 Bonneville Bend
	\$160.13	STOT BOTTLEVIlle Bend
		Austin, TX 78744
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense
		SAAS Website; Website Framework
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
	Sch: 47/53 Rpt:	Kolkhorst, Lois W. (The Honorable)		00041354				
4	Date	5 Payee name		•				
	01/31/2025	Vici Media Group						
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip Co	de					
	\$160.13	5101 Bonneville Bend						
		Austin, TX 78744						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Advertising Expense	( - ,	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	3 11 3		Check if Austin, TX, officeholder living expense				
				SAAS Website Framework subscription fee				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				
	experioration benefit C/O	7						
	Date	Payee name						
	02/27/2025	Vici Media Group						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$160.13	5101 Bonneville Bend						
		Austin, TX 78744						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE			Check if Austin, TX, officeholder living expense				
				SAAS Website e Subscription				
				25				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				
	Date	Payee name						
	04/09/2025	Vici Media Group						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$74.73	5101 Bonneville Bend						
		Austin, TX 78744						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE			Check if Austin, TX, officeholder living expense				
				Domain Renewals				
	Computate ONU V Station	Condidate/Officeholder as	auk t	Office hald				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held				

### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:							
, -							
Sch: 48/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354						
4 Date	5 Payee name						
04/23/2025	Vici Media Group						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$160.13	5101 Bonneville Bend						
,							
	Augtin TV 70744						
	Austin, TX 78744						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense  SAAS Website Framework subscription fee						
	SAAS Website Flattiework subscription lee						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
onponentare to benefit 6/01							
Date	Payee name						
05/01/2025	Vici Media Group						
Amount (\$)	Payee address; City; State; Zip Code						
\$162.53	5101 Bonneville Bend						
,							
	Auctin TV 79744						
	Austin, TX 78744						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	SAAS Website Framework Subscription Fee						
	3, v.o. vvebsite i ramework Subscription Fee						
Complete CNII V if divers	Candidate/Officeholder name Office sought Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·						
Date	Payee name						
05/01/2025	Victoria Chamber of Commerce						
Amount (\$)	Payee address; City; State; Zip Code						
\$26.12	P. O. Box 2465						
	7403 Lone Tree Rd., Suite 211. 77905						
	Victoria, TX 77902-2465						
DUDDOCE							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	May Chamber Luncheon						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	<b>y</b>						

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee I	Legal Se	rds/Memorials Ex rvices struction Guid			Vages	/Contract Labor		Travel Out OTHER (e		strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)
	Sch: 49/53 Rpt:		Kolkhorst, Lo	ois W	. (The Hono	rable)					000413	54	,
4	Date	5	Payee name										
	06/11/2025		Victoria Cha	mber	of Commerc	ce							
6	Amount (\$)	7	Payee addres	s;	City;	State:	; Zip Co	ode					
	\$26.12		P. O. Box 24	165									
			7403 Lone T	ree R	d., Suite 21	1. 77905	5						
			Victoria, TX	77902	2-2465								
8	PURPOSE	(a)	Category (See	e Catego	ories listed at the t	on of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper				,		Check if travel	outsi	de of Texas	. Com	plete Schedule T.
	EXPENDITORE								Check if Austin				expense
									June Chamb	er L	_uncheo	n	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholde	er name	C	Office sou	ıght			Offic	ce he	eld
	Date		Payee name										
	02/03/2025		Victoria Cha	mber	of Commerc	ce							
	Amount (\$)		Payee addres	s;	City;	State;	; Zip Co	ode					
	\$25.00		P. O. Box 2465										
			7403 Lone T	ree R	d., Suite 21	1. 77905	5						
			Victoria, TX	77902	2-2465								
	PURPOSE	(a)	Category (See	e Catego	ories listed at the t	ton of this sch	iedule)	(b)	Description				
	OF	` `	Event Exper		ones listed at the t	.op 01 till3 3011	icuaic)			outsi	de of Texas	. Com	plete Schedule T.
	EXPENDITURE		·						Check if Austin				expense
									State of the C	City	Victoria	L	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholde	er name	C	Office sou	ıght			Offic	ce he	eld
F	Date	Π	Payee name										
	02/03/2025		Victoria Cha	mber	of Commerc	ce							
	Amount (\$)		Payee addres	s;	City;	State:	; Zip Co	ode					
	\$154.25		P. O. Box 24	165	-		·						
			7403 Lone T	ree R	d Suite 21	1. 77905	5						
			Victoria, TX										
	BUBBOOF	(-)						<i>(</i> 1-)					
	PURPOSE OF	(a)	Category (Se		ories listed at the t	op of this sch	iedule)	(a)	Description  Check if travel	outsi	de of Teyas	Comi	plete Schedule T.
	EXPENDITURE		Event Exper	ise					Check if Austin				
									Chamber Bai	nqu	iet		
	Complete ONLY if direct		Candidate/Offic	eholde	er name	(	Office sou	ıght			Offic	ce he	eld
	expenditure to benefit C/OI	Н											

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 50/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/03/2025	Victoria Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.12	P. O. Box 2465
		7403 Lone Tree Rd., Suite 211. 77905
		Victoria, TX 77902-2465
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Chamber Lunch meeting
		Ghamsel Zahen meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/03/2025	Victoria Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$205.50	P. O. Box 2465
		7403 Lone Tree Rd., Suite 211. 77905
		Victoria, TX 77902-2465
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Victoria County Day at the Capitol
		Violona County Day at the Capitor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2025	Victoria Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.12	P. O. Box 2465
		7403 Lone Tree Rd., Suite 211. 77905
		Victoria, TX 77902-2465
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Victoria Chamber of Commerce monthly Luncheon
		meeting
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	04/03/2025	Victoria Community Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	2905 East North Street
		Victoria, TX 77901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mid Coast Hurricane & Disaster Conference
		Wild Coast Humbarie & Disaster Comercine
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/19/2025	Victoria Symphony
_	Amount (\$)	Payee address; City; State; Zip Code
	\$180.99	405 East Loma Vista Avenue
	Ψ100.33	400 East Edita Visia/Wellac
		Victoria , TX 77901
	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
		Prickly Pear Affair
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	01/23/2025	Wal Mart Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.36	203 US Loop 290 West
		Brenham, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Snacks and drinks for office meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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	d 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: 52/53 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	06/30/2025	Washington County Chamber Of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	314 South Austin St.
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  2 tickets for State of Community Luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/30/2025	Washington County Chamber Of Commerce
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$275.00	314 South Austin St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Chamber Dues
		Shambol Base
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/14/2025	Wharton County Junior College Foundation
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	911 East Boling Highway
		Wharton, TX 77488
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense  Gala benefitting the College
		Gala beneficing the College
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

## 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/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAM	F				3	Filer ID	(Ethics Commission Filers)
-	Sch: 53/53 Rpt:	-		Lois W. (The Hond	rable)				00041354	(,
4	Date	5	Payee name	9						
	02/27/2025			nservatives of Texa	as					
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Code				
	\$500.00		9901 Brod	ie Lane						
			Suite 160-	990						
			Austin, TX							
Ļ	DUDD005	_								
8	PURPOSE OF	(a)		See Categories listed at the	top of this sch	edule) (b)	Description		:	oleke Oeke dule T
l	EXPENDITURE		Event Exp	ense			_		ide of Texas. Comp , officeholder living	
							Sponsor for			схрепас
							oponoon to:	00.	1.011.011	
9	Complete ONLY if direct	<u> </u>	Candidata/Of	ficeholder name		Office cought			Office he	ald.
9	expenditure to benefit C/OI		Canuluale/Oi	ncenoluel name		Office sought			Office fie	eiu

# **PURCHASE OF INVESTMENTS FROM POLITICAL** SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 59/105 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kolkhorst, Lois W. (The Honorable) 00041354 5 Name of person from whom investment is purchased 01/17/2025 Citizens State Bank Somerville 6 Address of person from whom investment is purchased; City; State; Zip Code 155 Eighth Street Somerville, TX 77879 Description of investment Purchase of Certificate of Deposit 8 Amount of investment (\$) 575,000.00

### SCHEDULE F4

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

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

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

Printing Expense

Candidate/Officeriolide//Folitica	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)							
Sch: 1/43 Rpt: 60/105	Kolkhorst, Lois W. (	The Honorable)		00041354					
<u> </u>	Name of finan		5 TOTAL OF UNITEMIZED	00041334					
4 CREDIT CARD ISSUER	Chase Cardme		EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$92.10	01/01/2025	06/05/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Google LLC		1600 Amphitheatre Parkw	ay					
			Mountain View , CA 94043	3					
8 PURPOSE OF	(a) Category	efabric colorado (o)	(b) Description						
EXPENDITURE	(See Categories listed at the top of Advertising Expense	or triis scriedule)	G Suite Subscription Serv	ices					
X Political	, , , , ,								
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$28.57	01/02/2025	06/05/2025 06/05/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Hill Country Springs	, Inc.	P. O. Box 2220						
			Manchaca, TX 78652-222	0					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top of		Water for Capitol Office and Health Committee Office						
X Political	Food/Beverage Expen	ise							
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$2.00	01/09/2025	06/05/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Facebook		1601 S. California Ave.						
	Facebook								
			Palo Alto, CA 94304						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description						
	Advertising Expense		Facebook Ads						
X Political									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 2/43 Rpt: 61/105	Kolkhorst, Lois W. (	(The Honorable)		00041354					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$2.00	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid					
7 PAYEE	(a) Payee name Facebook	(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code				
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Facebook Ads						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$94.09	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	24 Diner Austin		600 N. Lamar Blvd., Suite	e 200					
	( ) -		Austin, TX 78703						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Dinner with Senators						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expe	nse				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	- IISC				
expenditure to benefit C/OH			o ooug	G65 116.14					
PAYMENT	(a) Amount Charged \$26.00	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid					
PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Description Facebook Ads						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 3/43 Rpt: 62/105	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 02/04/2025	(c) Date(s) 0 06/05/202	Credit Card Issuer 5	Paid		
7 PAYEE	(a) Payee name	02/04/2023	(b) Payee a	ddro o o	Cit.	Ctata	Zin Codo
TAILE	Google LLC		1 ' '	duress, hitheatre Parkw	City, ay	State,	Zip Code
				/iew , CA 94043	3		
8 PURPOSE OF	(a) Category	-# Abib	(b) Descripti				
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	or triis scriedule)	G Suite Su	ıbscription Serv	ices		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office s			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$37.49	01/01/2025	06/05/202	5 06/05/2025			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Google LLC		1600 Amp	hitheatre Parkw	ay		
			Mountain \	view , CA 94043	3		
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Google Voice Services				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
	\$26.07	01/02/2025	06/05/202	5 06/05/2025			
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
			P. O. Box	2220			
	Hill Country Springs	s, Inc.					
			Manchaca	, TX 78652-222	0		
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top		Water for A	Austin and Heal	th Committee (	Offices	
X Political	Food/Beverage Expe	IISE					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct					Office held		
expenditure to benefit C/OH							
	l						

## SCHEDULE F4

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

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

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

Candidate/Officeholder/Politica	-			THER (enter a catego	ry not listed at	bove)	
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:				3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 4/43 Rpt: 63/105	Kolkhorst, Lois W. (	The Honorable)		00041354			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$2.00	01/09/2025	06/05/2025				
	V-100						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Facebook		1601 S. California Ave.				
			Palo Alto, CA 94304				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Facebook Ads				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Auctin TV	officeholder living ev	20000		
9 Complete ONLY if direct Candidate/Officeholder name Office sought				officeholder living exp			
expenditure to benefit C/OH	Candidate/Officeriolder	marile Offic	e sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Doid			
PATMENT	, ,	, ,	06/05/2025	i Paiu			
	\$2.00	01/09/2025	00/00/2020				
BAYEE							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Facebook		1601 S. California Ave.				
	1 doebook						
	( ) 0		Palo Alto, CA 94304				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Advertising Expense	or true concuancy	Facebook Ads				
X 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							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$5.00	01/09/2025	06/05/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1601 S. California Ave.				
	Facebook						
			Palo Alto, CA 94304				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Facebook Ads				
x Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH			•				
·	<u> </u>						

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 5/43 Rpt: 64/105	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 01/09/2025	(c) Date(s) 0 06/05/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name Facebook			alifornia Ave.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	) Category se Categories listed at the top of this schedule) dvertising Expense		CA 94304 on Ads			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 01/10/2025	(c) Date(s) C 06/05/202	Credit Card Issuer 5	Paid		
	PAYEE	Facebook 1		(b) Payee at 1601 S. Ca	alifornia Ave.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descripti Facebook	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$64.06	(b) Date of Charge 01/15/2025	(c) Date(s) 0 06/05/2029	Credit Card Issuer 5	Paid		
	Amazon.com, Inc.		(b) Payee ac Customer : P. O. Box : Seattle, W.	Service	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Advertising Expense		(b) Description Lighting for video recordings				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 6/43 Rpt: 65/105	Kolkhorst, Lois W. (	(The Honorable)			00041354				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 01/11/2025	(c) Date(s) 06/05/20	) Credit Card Issue 125	r Paid				
7	PAYEE	(a) Payee name Facebook			address; California Ave.	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	(See Categories listed at the top of this schedule)  Advertising Expense  Facebook Ads							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH	( ) )	[ (1) D ( ) (0)	100000		5 : 1				
	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 01/12/2025	06/05/20	) Credit Card Issue 125	r Paid				
	PAYEE	(a) Payee name Facebook			address; California Ave.	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip	ption					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 01/15/2025	(c) Date(s) 06/05/20	) Credit Card Issue 125	r Paid				
	PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political Non-Political	(a) Category		(b) Descri Faceboo	k Ads					
				Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	z souyni		Office field				
1										

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 7/43 Rpt: 66/105	Kolkhorst, Lois W. (	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$139.13	01/20/2025	06/05/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Mailchimp Atlanta		The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Subscription payment				
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 Offi			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$134.18	01/22/2025	06/05/2025				
PAYEE	PAYEE (a) Payee name (b) Pay		(b) Payee address;	City, State, Zip Code			
			205 South Tesch Street				
			Bellville , TX 77418				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u>—</u>	Gift/Awards/Memorial		Flowers for constituent funeral				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/05/2025	er Paid			
	\$33.71	01/24/2025	00/03/2023				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code			
			San Jose Headquarters				
	Zoom.US		55 Almaden Boulevard, 6	ith Floor			
			San Jose, CA 95113				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Conference Call meeting	cost			
X Political	1 003						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ffice 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:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 8/43 Rpt: 67/105	Kolkhorst, Lois W. (	(The Honorable)			00041354			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 01/26/2025	(c) Date(s) Credit Card Issuer Paid 06/05/2025					
7	PAYEE	(a) Payee name Facebook			ılifornia Ave.	City,	State,	Zip Code	
Ļ	DUDDOOF OF	(a) Category		Palo Alto, (					
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	(b) Description					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	name Office	e sought		Office held				
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$101.56	(b) Date of Charge 02/03/2025	(c) Date(s) C 06/05/2025	redit Card Issuer 5	r Paid			
	PAYEE	(a) Payee name (b) Payee addr		ldress;	City,	State,	Zip Code		
				P. O. Box 2	2220				
L					TX 78652-222	20			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Water for Austin and Health Committee Offices					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	 	7 Check if Austin TX	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Toneak ii 7 tastini, 174,	Office held			
6	expenditure to benefit C/OH			J					
	PAYMENT	(a) Amount Charged \$27.57	(b) Date of Charge 02/03/2025	(c) Date(s) C 06/05/2025	redit Card Issuer	r Paid			
	PAYEE	(a) Payee name  Hill Country Springs, Inc.		(b) Payee ac P. O. Box 2 Manchaca,		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Water for Austin and Health Committee Offices					
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.							
E	Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(* ** ** ******************************	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	3 Filer ID (Ethics Commission Filers)		
Sch: 9/43 Rpt: 68/105	Kolkhorst, Lois W. (	(The Honorable)		00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$32.00	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid			
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City, State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Facebook Ads				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				
	(a) A	(h) Data at Ohama	(-) D-+-(-) O	- Daid			
PAYMENT	(a) Amount Charged \$264.83	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid			
PAYEE	(a) Payee name (b) Payee address;		City, State,	Zip Code			
			908 Congress Ave.				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Dinner with Senators				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH			ŭ				
PAYMENT	(a) Amount Charged \$115.86	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid			
PAYEE	Chick-Fil-A Austin		(b) Payee address; South Mopac FSU #0113 Austin, TX 78735	City, State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Staff meal to Discuss 89th	h Legislative Session			
Non-Political	(c) Check if travel outside	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	ONLY if direct						

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)				
Sch: 10/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$37.75	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid						
7 PAYEE	(a) Payee name  Google LLC		(b) Payee address; 1600 Amphitheatre Parkw	•	State,	Zip Code				
8 PURPOSE OF	(a) Category		Mountain View , CA 9404 (b) Description	3						
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Advertising Expense  Google Voice S									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
· · · · · · · · · · · · · · · · · · ·			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$36.00	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid						
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Facebook		1601 S. California Ave.							
			Palo Alto, CA 94304							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook Ads							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expe	oneo					
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$9.09	(b) Date of Charge 02/08/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid						
PAYEE	Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Advertisisng							
Non-Political	On-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin				ense					
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held										

### SCHEDULE F4

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

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

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

	Candidate/Officeholder/Politica	· ·	ruction Guide explains how		THER (enter a catego	ry not listed a	oove)	
1	Total pages Schedule F4:	2 FILER NAME	<u> </u>		3 Filer ID (Ethi	cs Commiss	sion Filers)	
ı	Sch: 11/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		•	
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$16.60	(b) Date of Charge 02/08/2025	(c) Date(s) Credit Card Issuel 06/05/2025	r Paid			
7	PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code	
-	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Advertising Expense			(b) Description Facebook Advertising				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	oense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$298.55	(b) Date of Charge 02/08/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid			
	PAYEE	Cabo Bob's Burritos Austin		(b) Payee address; 2828 Rio Grande St Austin, TX 78705	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff meal to discuss 89th legislative session				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	oense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid			
	PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political Non-Political	(a) Category (See Categories listed at the top Consulting Expense		(b) Description Facebook Advertising				
-		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	oense		
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Onicendider	name Offic	e sougiii	Office field			

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 12/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
	\$70.78	02/14/2025	06/05/202	5			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Tiffs Treats		8310 North Capital of Texas Highway Suite 110 Austin, TX 78731				
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE  X Political	(See Categories listed at the top Gift/Awards/Memorial		i Gilis idi Siali				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Texas. Complete Schedule T. Check if Austin, TX,			nse	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$12.99	02/17/2025	06/05/202	5			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Wellington Parking		303 Colora	ado Street			
			Austin, TX	78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking Fee				
X Political	. 555						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$139.13	02/20/2025	06/05/202	5			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			The Rocke	et Science Grou	p, LLC		
	Mailchimp Atlanta		675 Ponce	e de Leon Ave N	IE, Suite 5000		
			Atlanta, G	A 30308			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Mailchimp	Subscription			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct Candidate/Officeholder name Office 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:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
	Sch: 13/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$				
6	PAYMENT	(a) Amount Charged \$198.28	(b) Date of Charge 02/21/2025	(c) Date(s) Cro 06/05/2025	edit Card Issuer	Paid				
7	PAYEE	(a) Payee name  Uber Eats		(b) Payee add	ith Street	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political		a) Category ee Categories listed at the top of this schedule) cood/Beverage Expense		Austin, TX 78701  (b) Description  Staff meal to discuss 89th legislative session					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	expenditure to benefit C/OH			e sought		Office held				
	PAYMENT	(a) Amount Charged \$211.06	(b) Date of Charge 02/21/2025	(c) Date(s) Cro 06/05/2025	edit Card Issuer	Paid				
	PAYEE	Wall Street Journal		(b) Payee add 1211 Avenu New York, N	e of Americas	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description		ription				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$125.05	(b) Date of Charge 02/23/2025	(c) Date(s) Cro 06/05/2025	edit Card Issuer	Paid				
	PAYEE	(a) Payee name H. E. B. Austin		(b) Payee address; 1801 East 51st St. Austin, TX 78723		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense		(b) Description Snacks for Capitol office staff and constituents						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 14/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$33.71	02/24/2025	06/05/2025		
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
	Zoom.US  San Jose Headq 55 Almaden Bou San Jose, CA 95			th Floor	
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Fees  Conference Call meeting c			cost	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$283.34	02/24/2025	06/05/2025		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Chick-Fil-A Austin		South Mopac FSU #0113	4	
			Austin, TX 78735		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Staff meal to discuss 89th legislative issues		
X Political					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$36.56	(b) Date of Charge 02/28/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid	
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code	
			409 West Main Street		
	Manuels Mexican F	Restaurant			
			Brenham , TX 77833		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Dinner with Constituents		
X Political	. Soa, Botolago Expel				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

## SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 15/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$37.75	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
7 PAYEE	(a) Payee name  Google LLC		(b) Payee address; 1600 Amphitheatre Parkw Mountain View , CA 9404			
8 PURPOSE OF	(a) Category (b) Description			<u> </u>		
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$280.10	(b) Date of Charge 02/28/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
PAYEE	(a) Payee name	•	(b) Payee address; City, State, Zip 0			
	Chick-Fil-A Austin		South Mopac FSU #01134			
	( ) 0 :		Austin, TX 78735			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Staff meal to discuss 89th	legislative session		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
PAYEE	(a) Payee name Google LLC		(b) Payee address; 1600 Amphitheatre Parkw Mountain View , CA 9404			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description G Suite Subscription serv	ice		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

## SCHEDULE F4

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

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete this form.	OTTEN (enter a cate	gory not listed a	bove)
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 16/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	EMIZED \$		
6	PAYMENT	(a) Amount Charged \$92.57	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Ca 06/05/2025	ard Issuer Paid		
7	PAYEE	(a) Payee name  Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220 Manchaca, TX 78	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description	and Health Committee	e Offices	
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, (			Austin, TX, officeholder living 6	expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$68.57	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Ca 06/05/2025	ard Issuer Paid		
	PAYEE	(a) Payee name  Hill Country Springs	s, Inc.	(b) Payee address; City, State, P. O. Box 2220  Manchaca, TX 78652-2220		State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description	and Health Committee	e offices	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$44.00	(b) Date of Charge 03/05/2025	(c) Date(s) Credit Ca 06/05/2025	ard Issuer Paid		
	PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Palo Alto, CA 943		State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook Advertis	sing		
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Austin, TX, officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
ı							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)				
Sch: 17/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$168.58	03/02/2025	06/05/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	H. E. B. Austin								
			Austin, TX 78723						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	er and an artist and					
X Political	Food/Beverage Expe		Snacks and drinks for staff and constituents						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/06/2025	r Paid					
	\$145.49	02/28/2025	00/00/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Chick-Fil-A Austin		South Mopac FSU #01134						
			Austin, TX 78735						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
<u> </u>	Food/Beverage Exper		Staff meal to discuss 89th	legislative sessiion					
X Political									
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		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	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/05/2025	r Paid					
	\$403.70	03/05/2025	00/03/2023						
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code				
			11521 Ranch Road 620 N	lorth					
	Torchy's Tacos								
			Austin, TX 78726						
PURPOSE OF	(a) Category	of this cohodule)	(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	*	Staff meal to discuss 89th	legislative session					
X Political									
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 18/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$17.50	(b) Date of Charge 03/08/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid		
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave.	City,	State,	Zip Code
0. DUDDOOF OF	Palo Alto, CA 94304					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Facebook Advertising					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o			officeholder living exper	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$355.60	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issuer 06/05/2025	· Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Chick-Fil-A Austin		South Mopac FSU #01134	1		
			Austin, TX 78735			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Dinner for Article II Work (	Group		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living exper	150	
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	130	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$27.56	(b) Date of Charge 03/08/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid		
PAYEE	(a) Payee name Facebook	ı	(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook Advertising			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 19/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$49.00	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid		
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave.	City,	State,	Zip Code
0 00000000	Palo Alto, CA 94304					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook Advertising			
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	(a) A managed Observation	(h) Data at Obania	(-) D-+-(-) On-dit O-mill	D. H		
PAYMENT	(a) Amount Charged \$82.87	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Pala		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Tiffs Treats		8310 North Capital of Texa Suite 110 Austin, TX 78731	as Highway		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Sweet Treats for Article II	Work Group		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$13.16	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer 06/05/2025	· Paid		
PAYEE	(a) Payee name  Amazon.com, Inc.		(b) Payee address; Customer Service P. O. Box 81226 Seattle, WA 98108-1226	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Office Supplies - TabDivid	ers		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 20/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$104.11	(b) Date of Charge 03/19/2025	(c) Date(s 06/05/20	) Credit Card Issue )25	er Paid		
7	PAYEE	(a) Payee name (b) Payee address; 600 N. Lamar Blvd.  Austin, TX 78703		amar Blvd., Suit	City, e 200	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri		h Legislative Se	ssion	
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	C, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH	(a) Amazunt Chausad	(h) Data of Charge	(a) Data(a	Candit Cond Inc.	ar Daid		
	PAYMENT	(a) Amount Charged \$9.00	(b) Date of Charge 03/20/2025	06/05/20	) Credit Card Issue 025	er Paid		
	PAYEE	(a) Payee name  UT Conference Cel	nter Garage	(b) Payee address; 1900 University Ave Austin, TX 78705		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri	ption			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	C, officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 03/20/2025	(c) Date(s 06/05/20	) Credit Card Issue )25	er Paid		
	PAYEE	(a) Payee name  Mailchimp Atlanta		675 Pon	address; ket Science Gro ce de Leon Ave GA 30308	•	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	,	(b) Descri Mailchim	p Subscription			
L	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

## 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	truction Guide explains how	v to complete this form.	(, , , , , , , , , , , , , , , , , , ,	,	,
1 Total pages Schedule	F4: 2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 21/43 Rpt:	Kolkhorst, Lois W.	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD	<b> </b> \$		
6 PAYMENT	(a) Amount Charged \$531.79	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card 06/05/2025	Issuer Paid		
7 PAYEE	(a) Payee name  Torchy's Tacos	11521 Ran		nch Road 620 North		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff meal to discuss	s 89th legislative se	ssion	
Non-Political	(c) Check if travel outside	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			pense	
Complete ONLY if dir expenditure to benefit C		r name Offic	ce sought	Office held		
PAYMENT	(a) Amount Charged \$126.17	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card 06/05/2025	Issuer Paid		
PAYEE	(a) Payee name  H. E. B. Austin		(b) Payee address; 1801 East 51st St.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Austin, TX 78723 (b) Description Snacks and drinks fo	or staff and constitu	ents	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	pense	
Complete ONLY if dir expenditure to benefit C		r name Offic	ce sought	Office held		
PAYMENT	(a) Amount Charged \$127.54	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card 06/05/2025	Issuer Paid		
PAYEE	(a) Payee name Fresa's 9th & Lama	ar	(b) Payee address; 915 N Lamar Blvd Austin, TX 78703	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff meal to discuss	s 89th legislative se	ssion	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		stin, TX, officeholder living ex	pense	
Complete ONLY if dir expenditure to benefit C		r name Offic	ce sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 22/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMISEXPENDITURES CHARGED TO A CR	<b> </b> \$		
6 PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer Paid 06/05/2025			
7 PAYEE	(a) Payee name  Google LLC		(b) Payee address; 1600 Amphitheatre P	Ţ	ay	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description G Suite Subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	kpense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$473.05	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card I 06/05/2025	ssuer Paid		
PAYEE	(a) Payee name  Cava Catering		(b) Payee address; City, State, Zip Code Westlake Hills 701 South Capital of Texas Highway Westlake Hills, TX 78746			Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	(b) Description Staff meal to discuss	the 89th legislativ	e session	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	kpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$297.80	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card I 06/05/2025	ssuer Paid		
PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee address; South Mopac FSU #0 Austin, TX 78735	City, 01134	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Staff meal to discuss	89th legislative se	ession	
Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex Office held	kpense	
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 Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 23/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$42.18	(b) Date of Charge 04/15/2025	06/05/20		r Paid		
7 PAYEE	(a) Payee name (b) Payee address; Customer Service P. O. Box 81226 Seattle, WA 98108-1226		City,	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri				
Non-Political				officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$208.36	(b) Date of Charge 04/13/2025	(c) Date(s) 06/05/20	) Credit Card Issuei )25	r Paid		
PAYEE	(a) Payee name  H. E. B. Austin		(b) Payee 1801 Eas Austin, T	st 51st St.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip		ff and constitue	ents	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$311.84	(b) Date of Charge 04/15/2025	(c) Date(s) 06/05/20	) Credit Card Issuer )25	r Paid		
PAYEE	(a) Payee name  Torchy's Tacos		(b) Payee 11521 R Austin, T	anch Road 620 N	City, North	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Meal for	ption staff to discuss th	ne 89th legislati	ive sessi	on
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)
Sch: 24/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$90.24	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid	
7 PAYEE	(a) Payee name  H. E. B. Austin		(b) Payee address; 1801 East 51st St.	City, State,	Zip Code
	Austin, TX 78723				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Snacks and drinks for staff			f and constituents	
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issuer 06/05/2025	· Paid	
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Conference call meeting c	ost	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$37.77	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid	
PAYEE	(a) Payee name Google LLC		(b) Payee address; 1600 Amphitheatre Parkw Mountain View , CA 94043		Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Service		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME	2 FILER NAME			
Sch: 25/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION OF CARD	\$	
6 PAYMENT	(a) Amount Charged \$39.88	(b) Date of Charge 05/08/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid	
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave.	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  Palo Alto, CA 94304  (b) Description  Facebook Advertising				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$211.06	(b) Date of Charge 05/11/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid	
PAYEE	(a) Payee name  Wall Street Journal		(b) Payee address; City, State, Zip Code 1211 Avenue of Americas		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	New York, NY 10036 (b) Description Wall Street Journal Subs	cription	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid	
PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City, State, Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook Advertising		
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<b>_</b>	(, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.	(	,	,
1 Total pages Schedule F	4: <b>2</b> FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 26/43 Rpt:	Kolkhorst, Lois W.	(The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 05/20/2025	(c) Date(s) 0 06/05/202	Credit Card Issuer 5	Paid		
7 PAYEE	(a) Payee name  Mailchimp Atlanta	Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descripti Mailchimp	on Subscription Se	ervice		
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$54.00	(b) Date of Charge 03/25/2025	(c) Date(s) 0 06/05/202	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave.		City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Palo Alto, (b) Descripti Facebook				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/O		name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 03/24/2025	(c) Date(s) 0 06/05/202	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name Zoom.US	1		Headquarters en Boulevard, 6t	City, h Floor	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Conferenc	on e Call meeting (	Costs		
Non-Political	1 (1) <b>—</b>	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O		name Offic	e sought		Office held		
I							

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 27/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$575.64	(b) Date of Charge 03/31/2025	(c) Date(s) 06/05/20	Credit Card Issuei 25	r Paid		
7	PAYEE	(a) Payee name  Dropbox		(b) Payee address; 1800 Owens St San Francisco, CA 94158		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Digital Cloud storage for e						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 ∈	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$66.24	(b) Date of Charge 04/01/2025	(c) Date(s) 06/05/20	Credit Card Issuei 25	r Paid		
	PAYEE	(a) Payee name H. E. B. Austin	H. E. B. Austin		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78723  (b) Description  Ooffice drinks and snacks for constituents and office personnel			fice	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$32.96	(b) Date of Charge 04/28/2025	(c) Date(s) 06/05/20	Credit Card Issuei 25	r Paid		
	PAYEE	(a) Payee name  Raising Cane's		(b) Payee 415 W. M Austin, T.	lartin Luther King	City, g Jr. Blvd.	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Staff mea	otion al to discuss legis	slative issues		
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

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

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	•	THEN (enter a category not listed to	above)	
1	Total pages Schedule F4:		·	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commis	ssion Filers)	
	Sch: 28/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354	,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$1,098.74	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
7	PAYEE	(a) Payee name  Texas Capitol Gift S	Shop	(b) Payee address; City, State, Zip Code 1400 N. Congress Ave., E1.006  Austin, TX 78701			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			aritable Fundraising		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$19.45	(b) Date of Charge 04/27/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
	PAYEE	(a) Payee name  Walgreens Brenham		(b) Payee address; 2411 S. Day St. Brenham, TX 77833	City, State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$137.96	(b) Date of Charge 04/28/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
	PAYEE	(a) Payee name H. E. B. Austin		(b) Payee address; 1801 East 51st St. Austin, TX 78723	City, State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Drinks and Snacks for staff and constituents			
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,			, officeholder living expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
I							

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

Printing Expense

Candidate/Onicendiden/Folitica	•	ruction Guide explains how	-	OTTIEN (enter a categ	ory not noted a	5040)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Etl	nics Commiss	sion Filers)
Sch: 29/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issu 06/05/2025	er Paid		
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave.	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		Palo Alto, CA 94304 (b) Description			
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Facebook advertising			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	xpense	
9 Complete ONLY if direct	9 Complete ONLY if direct Candidate/Officeholder name Offi			Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issu 06/05/2025	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Google LLC		1600 Amphitheatre Park	way		
			Mountain View , CA 940	43		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description G-Suite Subscription Se	rvice		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Auctin T	V. officeholder living o	vnonco	
Complete ONLY if direct	Candidate/Officeholder	•	e sought	X, officeholder living e	xperise	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$45.98	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issu 06/05/2025	er Paid		
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
	H. E. B. Austin		1801 East 51st St.			
			Austin, TX 78723			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Snacks and drinks for st	aff and constitu	ients	
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)	
Sch: 30/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORN	\$		
6 PAYMENT	(a) Amount Charged \$55.00	(b) Date of Charge 05/04/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid		
7 PAYEE	(a) Payee name  Brookshire Brothers	S	(b) Payee address; 303 North Austin PArkwa Brenham, TX 77833	•	Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Water for the Conference Committee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$201.69	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card Issue 06/05/2025	er Paid		
PAYEE	Raising Cane's		(b) Payee address; 415 W. Martin Luther Kir Austin, TX 78701	•	Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Meal for Conference Cor	nmittee		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issue 06/30/2025	er Paid		
PAYEE	(a) Payee name Google LLC		(b) Payee address; 1600 Amphitheatre Park Mountain View , CA 940	way	Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google G-Suite Subscription Service			
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

## SCHEDULE F4

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

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

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

Printing Expense

Candidate/Onicendiden/Folitica	· ·	ruction Guide explains how	-	THEN (effer a category not lister	a above)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)	
Sch: 31/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$158.13	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card Issuer Paid 06/05/2025			
7 PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220	City, State	, Zip Code	
8 PURPOSE OF	(a) Category		Manchaca, TX 78652-222 (b) Description	20		
EXPENDITURE  X Political	(See Categories listed at the top	(See Categories listed at the top of this schedule) Food/Beverage Expense  Water for Capitol and Hea				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$37.75	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code	
			1600 Amphitheatre Parkw	vay		
			Mountain View , CA 94043			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Service			
X Political	<u> </u>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$72.07	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220  Manchaca, TX 78652-222	City, State	, Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	(b) Description Water for Austin and Health Committee Office			
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Instr	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)		
	Sch: 32/43 Rpt:	Kolkhorst, Lois W. (	The Honorable)		00041354			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	<b> </b> \$			
6	PAYMENT	(a) Amount Charged \$21.87	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Car 06/05/2025	d Issuer Paid			
7	PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California A		State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook advertisi				
	Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		ustin, TX, officeholder living e	xpense		
	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$173.98	(b) Date of Charge 04/22/2025	(c) Date(s) Credit Car 06/05/2025	d Issuer Paid			
	PAYEE	Perry's Steakhouse & Grill		(b) Payee address; 114 West 7th Stree Austin, TX 78701	City, et	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Dinner with State R	Representative's			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense		
ex	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$80.57	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Car 06/05/2025	d Issuer Paid			
	PAYEE	Hill Country Springs, Inc.		(b) Payee address; P. O. Box 2220 Manchaca, TX 786	City, 52-2220	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse		nd Health Committe			
	Non-Political	` <b>'</b>	of Texas. Complete Schedule T.		ustin, TX, officeholder living e	xpense		
ex	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder name Office sought Office held						

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

i ne insti	ruction Guide explains how	to complete this form.			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Kolkhorst, Lois W. (	(The Honorable)		00041354		
		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
\$235.08	05/01/2025	06/05/2025			
(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
H. E. B. Austin		1801 East 51st St.			
		Austin, TX 78723			
1 ' ' '	of this schedule)	'	Control of the Control		
Food/Beverage Expense			and constituents		
(c) Check if travel outside					
omplete ONLY if direct Candidate/Officeholder name Office			Office held		
(a) Amount Charged \$69.01	(b) Date of Charge 05/06/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
PAYEE (a) Payee name (b) Payee addres		(b) Payee address;	City, State, Zip Code		
Chick-Fil-A Austin		South Mopac FSU #0113	4		
(a) Catagon					
(See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	Meal for staff to discuss the 89th Legislative Session			
· · · —			officeholder living expense Office held		
Candidate/Officeriolder	name Onic	e sougni	Office field		
(a) Amount Charged \$66.00	(b) Date of Charge 05/16/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid		
(a) Payee name		(b) Payee address;	City, State, Zip Code		
Facebook		1601 S. California Ave.			
		Palo Alto, CA 94304			
(a) Category		(b) Description			
, ,	or this schedule)	Facebook advertising			
J 7 1.00					
(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Candidate/Officeholder	name Öffic	e sought	Office held		
	2 FILER NAME Kolkhorst, Lois W. ( Name of final see pi  (a) Amount Charged \$235.08  (a) Payee name H. E. B. Austin  (a) Category (See Categories listed at the top Food/Beverage Experical Candidate/Officeholder)  (a) Amount Charged \$69.01  (a) Payee name Chick-Fil-A Austin  (a) Category (See Categories listed at the top Food/Beverage Experical Candidate/Officeholder)  (a) Category (See Categories listed at the top Food/Beverage Experical Candidate/Officeholder)  (a) Amount Charged \$66.00  (a) Amount Charged \$66.00  (a) Payee name Facebook  (a) Category (See Categories listed at the top Advertising Expense)  (c) Check if travel outside	Calcabor   Candidate   Candi	Name of financial institution see previous		

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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	-	TIER (enter a category	not iisteu ai	bove)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 34/43 Rpt:	Kolkhorst, Lois W. (	The Honorable)		00041354		,
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$287.40	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid		
7 PAYEE	(a) Payee name  Quattro Gatti Ristor	ante	(b) Payee address; 908 Congress Ave. Austin, TX 78701	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Dinner with Senators			
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 05/08/2025	(c) Date(s) Credit Card Issuer 06/05/2025	<sup>^</sup> Paid		
PAYEE	Quattro Gatti Ristorante		(b) Payee address; 908 Congress Ave. Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Dinner with the Senators			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 05/24/2025	(c) Date(s) Credit Card Issuer 06/30/2025	Paid		
PAYEE	(a) Payee name Zoom.US		(b) Payee address; San Jose Headquarters 55 Almaden Boulevard, 6t San Jose, CA 95113	City, h Floor	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CONFERENCE CALL MEETING COST			
Non-Political	(c) Check if travel outside		officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
			·			

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this fo	orm.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 35/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD	RES	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid			
	\$73.00	05/25/2025	06/30/2025					
7 PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code	
	Facebook		1601 S. Califo	rnia Ave.				
			Palo Alto, CA	94304				
8 PURPOSE OF	(a) Category	of Abrica and a dealer)	(b) Description					
EXPENDITURE  X Political	Advertising Expense	See Categories listed at the top of this schedule)  Advertising Expense  Facebook advertisin						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid			
	\$37.77	06/01/2025	06/30/2025					
PAYEE	(a) Payee name (b) Payee address;		ess;	City,	State,	Zip Code		
			1600 Amphith	eatre Parkw	ay			
			Mountain View	v , CA 94043	3			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Google Voice Service					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid			
	\$2,729.73	06/02/2025	06/30/2025					
PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code	
			1111 West 6th	n Street				
	Aris							
		Austin, TX 78703						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
l <u>—</u>	Food/Beverage Exper	,	End of Sessio	n dinner for	staff			
X Political								
Non-Political	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • • •						
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 To	otal pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
s	ch: 36/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)			00041354			
	REDIT CARD SSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$			
6 P	AYMENT	(a) Amount Charged \$112.30	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issuer Paid 06/05/2025					
7 P	AYEE	(a) Payee name  Quattro Gatti Ristor	rante	(b) Payee add 908 Congres	ss Ave.	City,	State,	Zip Code	
		() 5		Austin, TX 7					
E	URPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Staff meal to discuss 89th		legislative ses	sion				
	Non-Political	(c) Company and a substant of the substant of			officeholder living expe	ense			
1	omplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
P	AYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 04/20/2025	(c) Date(s) Cro 06/05/2025	edit Card Issuer	<sup>•</sup> Paid			
P	AYEE	Mailchimp Atlanta 6			Science Grou le Leon Ave N	City, p, LLC IE, Suite 5000	State,	Zip Code	
E	URPOSE OF XPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mailchimp S					
li	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
1	omplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
P	AYMENT	(a) Amount Charged \$328.00	(b) Date of Charge 04/29/2025	(c) Date(s) Cro 06/05/2025	edit Card Issuer	Paid			
P	AYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee add South Mopa Austin, TX 7	c FSU #01134	City,	State,	Zip Code	
E	URPOSE OF XPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff meal to discuss 89th legislative session					
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
1	Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held								

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)	
Sch: 37/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$140.00	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid		
7 PAYEE	(a) Payee name  Texas State Director	ory Press	(b) Payee address; P. O. Box 12186	City, State,	Zip Code	
	( ) 5 :		Austin, TX 78711-2186			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Yearly subscription renew	al		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office soug			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$350.28	(b) Date of Charge 05/02/2025	(c) Date(s) Credit Card Issuer 06/05/2025	<sup>r</sup> Paid		
PAYEE	Jersey Mikes		(b) Payee address; 4601 North Lamar Suite 504 Austin, TX 78751	City, State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meal for Conference Com	mittee		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$89.86	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Issuer 06/05/2025	<sup>r</sup> Paid		
PAYEE	(a) Payee name  Chick-Fil-A Austin		(b) Payee address; South Mopac FSU #01134 Austin, TX 78735	City, State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description  Meal for staff to discuss 89th legislative session			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The 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: 38/43 Rpt:	Kolkhorst, Lois W. (The Honorable)				00041354			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$140.16	05/19/2025	06/05/202	5				
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		H. E. B. Austin		1801 East 51st St.					
L	Austin, TX 78723								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion d Snack for staff	f and aspetitue	nto.		
	X Political	Food/Beverage Expe		DIIIKS and	I SHACK IOI STAII	and constitue	IIIS		
	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			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$269.01	(b) Date of Charge 05/21/2025	(c) Date(s) ( 06/05/202	Credit Card Issue 5	r Paid			
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
		JEWBOY Burgers		5111 Airpo	ort Blvd				
				Austin, TX	78751				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description  Meal for staff while discuss the 89th legislative session					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
	PAYMENT	(a) Amount Charged \$80.57	(b) Date of Charge 06/02/2025	(c) Date(s) 0 06/30/202	Credit Card Issue 5	r Paid			
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
		Hill Country Springs	s, Inc.	P. O. Box	2220 ı, TX 78652-222	20			
H	PURPOSE OF	(a) Category		(b) Description					
I	EXPENDITURE	(See Categories listed at the top			Capitol office ar	nd Health Com	mittee Of	fice	
Food/Beverage Expense									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	΄ Γ	Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	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 Insti	ruction Guide explains how	to complete thi	s form.				
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 39/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)	00041354					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$36.57	(b) Date of Charge 06/02/2025	(c) Date(s) C 06/30/2025	redit Card Issuer 5	Paid			
7 PAYEE	(a) Payee name (b) Payee address; P. O. Box 2220  Manchaca, TX 78652-222			City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Water for Capitol office and health committee office					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$8.86	(b) Date of Charge 06/08/2025	(c) Date(s) C 06/30/2025	redit Card Issuer 5	Paid			
PAYEE (a) Payee name Facebook		(b) Payee ad 1601 S. Ca Palo Alto, O	lifornia Ave.	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Facebook	on				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$93.00	(b) Date of Charge 06/28/2025	(c) Date(s) C 06/30/2025	redit Card Issuer	Paid			
PAYEE	(a) Payee name Facebook		(b) Payee ad 1601 S. Ca Palo Alto, O	lifornia Ave.	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description						
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH					Office held			

## SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	, ,	,	,		
1 Total pages Schedule F4:	es Schedule F4: 2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 40/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)	00041354					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$				
6 PAYMENT	(a) Amount Charged \$81.00	(b) Date of Charge 06/25/2025	(c) Date(s) Credit Card Issu 06/30/2025	uer Paid				
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave. Palo Alto, CA 94304	City,	State,	Zip Code		
8 PURPOSE OF (a) Category (b) Description								
EXPENDITURE    X   Political	(See Categories listed at the top Advertising Expense	of this schedule)	Facebook Advertising					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$148.37	(b) Date of Charge 05/22/2025	(c) Date(s) Credit Card Issu 06/05/2025	uer Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Chick-Fil-A Austin		South Mopac FSU #011	.34				
	( ) 0 :		Austin, TX 78735					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description  Meal for staff to discuss the 89th L		9th Legislative Session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. T	X, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged \$280.77	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issu 06/30/2025	uer Paid				
PAYEE	(a) Payee name Fresa's 9th & Lama	ır	(b) Payee address; 915 N Lamar Blvd Austin, TX 78703	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Meal for staff to discuss	89th Legislative	Session			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held								

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction 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: 41/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)	00041354			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$		
6 PAYMENT	(a) Amount Charged \$195.60	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Iss 06/30/2025	suer Paid		
7 PAYEE	(a) Payee name  The Soup Peddler		(b) Payee address; 2801 South Lamar Blvd Austin, TX 78704	City, State, Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Staff Meal while discus	sing 89th Legislative Session Issues		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$311.80	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Iss 06/30/2025	suer Paid		
PAYEE (a) Payee name  Lin Asian Bar		(b) Payee address; 1203 West 6th Street Austin, TX 78703	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description	e 89th legislative session to discuss		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$87.00	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Iss 06/30/2025	suer Paid		
PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave Palo Alto, CA 94304	City, State, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense		(b) Description Facebook Advertising			
Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense  Office held		
expenditure to benefit C/OH	Sandidate/Officeriolder	TIGHTO OHIC	o oodgrit	Office field		

# 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								
Sch: 42/43 Rpt:	Kolkhorst, Lois W. (	(The Honorable)		00041354					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 06/20/2025	(c) Date(s) Credit Card Issuel 06/30/2025 (b) Payee address;	r Paid					
7 PAYEE	(a) Payee name  Mailchimp Atlanta	City, State up, LLC NE, Suite 5000	, Zip Code						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Subscription payment						
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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	( ) 4 ( ) 4	L (1) D (1) (1)	1//2///2///	5 : 1					
PAYMENT	(a) Amount Charged \$69.74	(b) Date of Charge 06/27/2025	(c) Date(s) Credit Card Issue 06/30/2025	r Paid					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code				
	Primo Brand Waters		P.O. Box 30080						
			College Station , TX 7784	2					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expel		(b) Description Water and Water Cooler f	or the Brenham Office	<del>)</del>				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held					
expenditure to benefit C/OH			· ·						
PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 06/24/2025	(c) Date(s) Credit Card Issue 06/30/2025	r Paid					
PAYEE (a) Payee name Zoom.US		(b) Payee address; San Jose Headquarters 55 Almaden Boulevard, 6 San Jose, CA 95113	City, State	, Zip Code					
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees			(b) Description Conference Call Meeting	Cost					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									

# SCHEDULE F4

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Awards	rage Expense F s/Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 43/43 Rpt:	Kolkhorst, Lois W. (	The Honorable)		00041354							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CRI CARD	<b> \$</b>							
6 PAYMENT	(a) Amount Charged \$64.95	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card I 06/05/2025	ssuer Paid							
7 PAYEE	(a) Payee name  TST VIA 313 Pizza		(b) Payee address; 1802 East 6th Street Austin, TX 78702	City, State, Zip Code							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse		89th Legislative Session							
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T		cin, TX, officeholder living expense Office held							
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicendider	name On	ice sought	Office field							

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

## SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: L/3 Rpt: 103/105	
2	FILER NAME		1		Commission F	ilers)
	Kolkhorst, Lo	ois W. (The Honorable)		00041	.354	
4	Date 04/17/2025	Name of person from whom amount is received     Brenham National Bank     Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$) \$7,	869.44
		Brenham , TX 78333				
		7 Purpose for which amount is received	olitic	al cont	ribution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	01/16/2025	Brenham National Bank				\$0.57
		Address of person from whom amount is received; City; State; Zip Code  Brenham, TX 77833				
	I	Purpose for which amount is received Check if p	olitic	al cont	ribution returned to filer	
		Interest Income Checking Account				
F	Date	Name of person from whom amount is received			Amount (\$)	
	02/14/2025   Brenham National Bank					\$0.66
		Address of person from whom amount is received; City; State; Zip Code				
		Brenham , TX 78333				
		<u> </u>	olitic	al cont	ribution returned to filer	
		Interest Income Checking Account				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/14/2025	Brenham National Bank				\$0.55
		Address of person from whom amount is received; City; State; Zip Code				
		Brenham , TX 78333				
	I	Purpose for which amount is received Check if p	oolitic	al cont	ribution returned to filer	
	I	Interest Income Checking Account				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/16/2025	Brenham National Bank				\$0.64
		Address of person from whom amount is received; City; State; Zip Code				
		Brenham , TX 78333				
		Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest Income Brenham National Bank				

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

## SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: :/3 Rpt: 104/105	
2	FILER NAME		3	Filer ID	(Ethics Commission	Filers)
	Kolkhorst, Lo	ois W. (The Honorable)		00041	354	
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
	05/16/2025	Brenham National Bank				\$0.65
		6 Address of person from whom amount is received; City; State; Zip Code	•••••			
		Brenham , TX 78333				
		7 Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest Income Checking Account				
_	Date	Name of person from whom amount is received			Amount (\$)	
	06/16/2025	Brenham National Bank			, ,	\$0.60
		Address of person from whom amount is received; City; State; Zip Code				
		/ wallood of policest from milest annount to recent say, exist, e				
		Brenham , TX 78333				
		Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer	
		Interest Income Checking Account				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/17/2025	Brenham National Bank				7,869.44
		Address of person from whom amount is received; City; State; Zip Code				
		Brenham , TX 78333				
		·	olitic	al cont	ribution returned to filer	
		Interest Income from Certificate of Deposit				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/14/2025	Citizens State Bank			\$18	3,229.02
		Address of person from whom amount is received; City; State; Zip Code	•••••			
		Somerville , TX 77879				
			olitic	al cont	ribution returned to filer	
		Interest Income from Certificate of Deposit				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/16/2025	Citizens State Bank			\$14	1,806.84
		Address of person from whom amount is received; City; State; Zip Code				
		Somerville , TX 77879				
			olitic	al cont	ribution returned to filer	
		Interest Income Certificate of Deposit				

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 105/105 2 FILER NAME Filer ID (Ethics Commission Filers) Kolkhorst, Lois W. (The Honorable) 00041354 8 Amount (\$) Date 5 Name of person from whom amount is received 01/29/2025 Citizens State Bank \$3,717.37 6 Address of person from whom amount is received; City; State; Zip Code Somerville, TX 77879 Purpose for which amount is received Check if political contribution returned to filer Interest Income Certificate of Deposit Name of person from whom amount is received Amount (\$) Date 04/30/2025 Citizens State Bank \$3,019.49 Address of person from whom amount is received; City; State; Zip Code Somerville, TX 77879 Purpose for which amount is received Check if political contribution returned to filer Interest Income Certificate of Deposit Date Name of person from whom amount is received Amount (\$) 04/18/2025 Citizens State Bank \$5,648.23 Address of person from whom amount is received; City; State; Zip Code Somerville, TX 77879 Purpose for which amount is received Check if political contribution returned to filer Interest Income Certificate of Deposit