

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|-----------------------|--|-------------------|--|--------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088149 | | 2 Total pages filed: 29 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | | FIRST Paulette | MI | |
| | NICKNAME | | LAST Carson | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 196 Apple Springs, TX 75926 | | ZIP CODE | |
| | | OFFICE USE ONLY | | | |
| | | Date Received ELECTRONICALLY FILED 07/15/2025 | | | |
| | | Date Hand-delivered or Date Postmarked | | | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR Mrs. | | FIRST Jean Rosslyn | MI |
| | | NICKNAME | | LAST Harris | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 116 Old Pond Road Lufkin, TX 75901 | | | |
| 7 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (936) 465-0573 | | | |
| 8 REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | | Month Day Year THROUGH Month Day Year 01/01/2025 06/30/2025 | | | |
| 10 ELECTION | | ELECTION DATE Month Day Year 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) State Representative District 9 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|---|---|
| 13 C / OH NAME Carson, Paulette (Mrs.) | 14 Filer ID (Ethics Commission Filers) 00088149 |
|---|---|

| | | |
|---|--|--------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|-------------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 32,647.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 12,750.98 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 25,886.35 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Paulette Carson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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| | | | |
|--|---|--------------------------------|----------------------------|
| 18 FILER NAME Carson, Paulette (Mrs.) | | 19 Filer ID 00088149 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 32,647.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 12,750.98 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0.00 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edinburgh, Donna <hr/> 6 Contributor address; City; State; Zip Code Livingston, TX 77351 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alderman, Neil <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) AdTrax LLC |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Tim <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Pastor | | Employer (See Instructions) First Christian Church |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angerstein, Crista <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Stay at home Mom | | Employer (See Instructions) |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angerstein, John <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) City Manager | | Employer (See Instructions) City of Crockett |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armenta, Ben <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Business Owner | | 9 Employer (See Instructions) Self |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballenger, Jan <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballenger, Kathy <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Claire (Mrs.) <hr/> Contributor address; City; State; Zip Code Lovelady, TX 75851-3406 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Clyde (Mr.) <hr/> Contributor address; City; State; Zip Code Lovelady, TX 77851-3406 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatman, Vikki <hr/> 6 Contributor address; City; State; Zip Code Garrison, TX 75946 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breaux, Chris <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Instrument Engineering Specialist | | Employer (See Instructions) Motiva |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brents, Tommy <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) IT Consultant | | Employer (See Instructions) self-employed |
| Date 06/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butchko, Kay <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6610 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERLIN, RICHARD <hr/> Contributor address; City; State; Zip Code TRINITY, TX 75862-0667 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Ann 6 Contributor address; City; State; Zip Code Vidor, TX 77662 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Ginny Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Elizabeth Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Leo Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Doris Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Barbara <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lynn <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Matt <hr/> Contributor address; City; State; Zip Code Houston, TX 77079 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 05/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolphin, Ed <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunkin, Christine <hr/> Contributor address; City; State; Zip Code Huntington, TX 75949 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Merchandiser | | Employer (See Instructions) Footprint |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunkin, Mack 6 Contributor address; City; State; Zip Code Huntington, TX 75949 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Minister | | 9 Employer (See Instructions) Church of Christ |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Linda Contributor address; City; State; Zip Code Onalaska, TX 77360 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Steven Contributor address; City; State; Zip Code Onalaska, TX 77360 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuglestad, Linda Contributor address; City; State; Zip Code Jacksonville, TX 75766 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Futch, John R. Contributor address; City; State; Zip Code Lufkin, TX 75902 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Tom <hr/> 6 Contributor address; City; State; Zip Code Hockley, TX 77447 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRINGTON, SALLY JO <hr/> Contributor address; City; State; Zip Code TRINITY, TX 75862 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 06/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HART, ANNIE <hr/> Contributor address; City; State; Zip Code TRINITY, TX 75862 | Amount of Contribution (\$) \$9.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLSINGER, CINDY <hr/> Contributor address; City; State; Zip Code TRINITY, TX 75862 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLSINGER, DORSEY <hr/> Contributor address; City; State; Zip Code TRINITY, TX 75862 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Rosslyn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75901 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 02/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Robbin <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Ryk <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRELAND, SHAUN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78747 | Amount of Contribution (\$) \$3,500.00 |
| Principal occupation / Job title (See Instructions) POLITICAL CONSULTANT | | Employer (See Instructions) NINE FLAGS |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireland, Debra <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75963 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Timber Farmer | | Employer (See Instructions) Self-employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKS, DEBORAH 6 Contributor address; City; State; Zip Code LUFKIN, TX 75904 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) RETIRED |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKS Jr., ROBERT L. Contributor address; City; State; Zip Code LUFKIN, TX 75904 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Michael Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Michael Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 05/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Michael Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Larry <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) Stephen F. Austin State University |
| Date 06/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkland, Mandy <hr/> Contributor address; City; State; Zip Code Tennessee Colony, TX 75861 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Auctions | | Employer (See Instructions) SAS Auctions |
| Date 03/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Blake <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Blake <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 03/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862 | 7 Amount of Contribution (\$) \$9.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 06/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridner, Joanne (Ms.) <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377-3979 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Rosemary <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-3471 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 05/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Rosemary <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-3471 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larue, Barbara <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavery, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Onalaska, TX 77360-8033 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavery, Paul <hr/> Contributor address; City; State; Zip Code Onalaska, TX 77360-8033 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lout, Ricky <hr/> Contributor address; City; State; Zip Code Center, TX 75935 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) L & R Timber |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADELEY, SHELLEY <hr/> Contributor address; City; State; Zip Code TRINITY, TX 75862 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Carol <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joseph <hr/> 6 Contributor address; City; State; Zip Code Crockett, TX 75835 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 05/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McSweeney, Betsy <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Micho <hr/> Contributor address; City; State; Zip Code Crecy, TX 75845 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Bar M Ranch |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Barbara <hr/> Contributor address; City; State; Zip Code Orange, TX 77632 | Amount of Contribution (\$) \$9.00 |
| Principal occupation / Job title (See Instructions) Asst Pricing Analyst | | Employer (See Instructions) Coburn Supply Company |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Tim <hr/> Contributor address; City; State; Zip Code Orange, TX 77632 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) IT Admin | | Employer (See Instructions) International Paper |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Michele 6 Contributor address; City; State; Zip Code Trinity, TX 75862 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, James Contributor address; City; State; Zip Code Diboll, TX 75941 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, Linda Contributor address; City; State; Zip Code Diboll, TX 75941 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, CONNIE Contributor address; City; State; Zip Code TRINITY, TX 75862-0667 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 01/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, DAVID Contributor address; City; State; Zip Code TRINITY, TX 75862-0667 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) PHYSICIANS ASSISTANT | | Employer (See Instructions) TRINITY FAMILY CLINIC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulette, Rodney 6 Contributor address; City; State; Zip Code Lufkin, TX 75915 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Terry Contributor address; City; State; Zip Code Grapeland, TX 75844 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picou, Cindi Contributor address; City; State; Zip Code Orange, TX 77632 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Paul Contributor address; City; State; Zip Code Newton, TX 75966 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quarles, Bruce Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Officer | | Employer (See Instructions) TDCJ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quarles, Bruce <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75904 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Officer | | 9 Employer (See Instructions) TDCJ |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quarles, Bruce <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Officer | | Employer (See Instructions) TDCJ |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quarles, Marvin <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quarles, Marvin <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachal, Manny (Mr.) <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Kickapoo Marina LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachal, Nancy <hr/> 6 Contributor address; City; State; Zip Code Livingston, TX 77351-3021 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Kickapoo Marina LLC |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Brett <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) Self-employed |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nicole <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Marcia <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Front of House server | | Employer (See Instructions) Chick Fil-A |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Michael <hr/> Contributor address; City; State; Zip Code Sam Rayburn, TX 75951 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slate, Pam 6 Contributor address; City; State; Zip Code Crockett, TX 75835 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Notary Signing Agent | | 9 Employer (See Instructions) The Notary Niche |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Rodney (Mr.) Contributor address; City; State; Zip Code Crockett, TX 75835 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Circle T Feed |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Janelle Contributor address; City; State; Zip Code Beaumont, TX 77706 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) self |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Charla Contributor address; City; State; Zip Code Trinity, TX 75963 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Mike Contributor address; City; State; Zip Code Trinity, TX 75963 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/29 |
| 2 FILER NAME Carson, Paulette (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Rhonda 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961-0814 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Real Estate Appraiser | | 9 Employer (See Instructions) East Texas Appraisal Services Inc. |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Keith Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Construction | | Employer (See Instructions) self-employed |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Stayc Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Construction | | Employer (See Instructions) Self Employed |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Rick Contributor address; City; State; Zip Code Trinity, TX 75862 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 23/29

2 FILER NAME
Carson, Paulette (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088149

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 24/29 | 2 FILER NAME Carson, Paulette (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/30/2025 | 5 Payee name ANEDOT INC | |
| 6 Amount (\$) \$274.24 | 7 Payee address; City; State; Zip Code 1340 POYDRAS ST. SUITE 1770 NEW ORLEANS, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot processing fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/26/2025 | Payee name Houston Web Design and Hosting | |
| Amount (\$) \$433.00 | Payee address; City; State; Zip Code 22402 Stonebridge Ln Tomball, TX 77375 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/26/2025 | Payee name INTUIT MAILCHIMP | |
| Amount (\$) \$9.45 | Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE, SU. 5000 ATLANTA, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email platform |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 25/29 | 2 FILER NAME Carson, Paulette (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/12/2025 | 5 Payee name INTUIT MAILCHIMP | |
| 6 Amount (\$) \$47.25 | 7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE, SU. 5000 ATLANTA, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Platform |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name Kern, Gerald | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1718 Jocyle St Arlington, TX 76010 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/03/2025 | Payee name Office Depot | |
| Amount (\$) \$0.33 | Payee address; City; State; Zip Code 4210 S Medford Dr Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing copies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 26/29 | 2 FILER NAME Carson, Paulette (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/04/2025 | 5 Payee name Pineywoods Printing | |
| 6 Amount (\$) \$204.54 | 7 Payee address; City; State; Zip Code 2409 East Lufkin Ave Lufkin, TX 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing bus cards / push cards |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/05/2025 | Candidate/Officeholder name Payee name Pineywoods Printing | |
| Amount (\$) \$107.17 | Payee address; City; State; Zip Code 2409 East Lufkin Ave Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing - flyers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/04/2025 | Candidate/Officeholder name Payee name Rogers, Brett (Mr.) | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4514 Edinburgh Drive Tyler, TX 75703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 27/29 | 2 FILER NAME Carson, Paulette (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 04/01/2025 | 5 Payee name Rogers, Brett (Mr.) | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 4514 Edinburgh Drive Tyler, TX 75703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/13/2025 | Candidate/Officeholder name Rogers, Brett (Mr.) | |
| Amount (\$) \$1,200.00 | Office sought 4514 Edinburgh Drive Tyler, TX 75703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/10/2025 | Candidate/Officeholder name Rogers, Brett (Mr.) | |
| Amount (\$) \$1,200.00 | Office sought 4514 Edinburgh Drive Tyler, TX 75703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 28/29 | 2 FILER NAME Carson, Paulette (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 06/16/2025 | 5 Payee name The Messenger | |
| 6 Amount (\$) \$275.00 | 7 Payee address; City; State; Zip Code 119 N Main St Grapeland, TX 75844 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News article in local paper |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/26/2025 | Payee name WAVV | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code 3630 W Evans Dr Phoenix, AZ 85053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website / branding |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/16/2025 | Payee name WAVV | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 3630 W Evans Dr Phoenix, AZ 85053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design / Branding |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/6 Rpt: 29/29 | 2 FILER NAME Carson, Paulette (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088149 |
| 4 Date 05/21/2025 | 5 Payee name WAVV | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 3630 W Evans Dr Phoenix, AZ 85053 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design / Branding |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2025 | Payee name WAVV | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code 3630 W Evans Dr Phoenix, AZ 85053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design / Branding |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |