CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | | 1 Filer ID (Ethics Commit 00067957 | | 2 Total pages file | |
|-------------------------------|------------------------------|------------------|--|-------------------|------------------------|-----------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | ISE ONLY |
| OFFICEHOLDER NAME | The Honorable | Nicole D. | | | Date Received | |
| | | | | | ELECTRONICA | LLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/15/2025 | |
| | | Collier | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| MAILING ADDRESS | P.O. Box 24241 | | | | Receipt # | Amount |
| Change of Address | Fort Worth, TX 76124 | | | | | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | - <u>B</u> | |
| TREASURER NAME | Mr. | Gary | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Collier | | 301117 | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO I | BOX PLEASE); | AP | / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER ADDRESS | PO Box 24241 | | | | | |
| (Residence or Business) | Fort Worth TV 76124 | | | | | |
| | Fort Worth, TX 76124 | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | E NUMBER E | EXTENSION | | | |
| PHONE | (817) 330-9504 | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after can | |
| | X July 15 | 8th day before 6 | election \square | Exceeded modified | appointment (offic | |
| | L Suly 15 | our day before t | Siccion | reporting limit | Tima Report (Attai | on oronning |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2025 | TH | IROUGH | 06/30/202 | 5 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | X Pi | rimary | Runoff | Other | |
| | 03/03/2026 | │ ∏G | eneral | Special | | |
| | | | | <u> </u> | | |
| 11 OFFICE | OFFICE HELD (if any) | • | | 12 OFFICE SOUGHT | | |
| | State Representative Distri | ct 95 Tarrant | | State Represent | ative District 95 | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 48

| 13 C / OH NAME | Collier, Nicole D. (The | e Honorable) | 14 Filer ID (E 00067957 | Ethics Commission Filers) | | |
|---|----------------------------------|---|--------------------------------|---------------------------|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information | the candidate's or officel | holder's knowledge or | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | |
| | | | | _ | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 | | |
| | 5) | \$ 14,525.00 | | | | |
| EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS | | | | \$ 1,029.97 | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 14,086.59 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | | |
| 17 AFFIDAVIT | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | |
| | | The Hono | orable Nicole D. Collie | ır | | |
| | | | Candidate or Officehold | | | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | | |
| Sworn to and subs | cribed before me. bv 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 48 |
|----|--|---|-----------------------------|-----------|-----------------------|
| | ER NAM ollier, Ni | ME cole D. (The Honorable) | 19 Filer ID 00067957 | (Ethic | cs Commission Filers) |
| | HEDUL ME OF | | SUBTOTAL AMOUNT | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 14,250.00 | |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 275.00 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | | |
| 4. | | SCHEDULE E: LOANS | \$ | | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 45,200.43 | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | | |
| 9. | 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | | | |
| 10 | 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | | | |
| 11 | . 🔲 | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 12 | . X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ | 3.61 |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE A1 | | |
|---|---|--|-------------------------------|-----------------------------|--|------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/48 | |
| 2 | FILER NAME Collier, Nicol | e D. (The Honorable) | | 3 | Filer ID (Ethics Commission 00067957 | on Filers) |
| 4 | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#: | 7 | Amount of Contribution (\$) | \$250.00 | |
| _ | Dringing! goog | Austin, TX 78701 | D. Employer (Con Instructions | | | |
| ð | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Texas Medical Association PAC Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$5,000.00 |
| | Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Texas Orthopaedic PAC Contributor address; City; State; Zip Code Austin, TX 78701 | | | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78787 | | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/48 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Collier, Nicole D. (The Honorable) 00067957 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/23/2025 Ingersoll, Deborah \$275.00 | Event Coordination 7 Contributor address; City; State; Zip Code Services Austin, TX 78763 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Consultant Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 1/41 Rpt: 6/48 | Collier, Nicole D. (The Honorable) | 00067957 | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 01/07/2025 | 101 Building LLC | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$2,975.00 | 101 S. Jennings Avenue | | | | | | |
| | | | | | | | | |
| | | Fort Worth, TX 76104 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense | | | | | |
| | | | Campaign office lease | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | expenditure to benefit C/O | | Office field | | | | | |
| _ | Date | Davida nama | | | | | | |
| | 03/03/2025 | Payee name 7-11 Austin | | | | | | |
| | | | | | | | | |
| | Amount (\$) | | | | | | | |
| | \$65.63 | 408 W 15th Street | | | | | | |
| | | A TV 70704 | | | | | | |
| | | Austin, TX 78701 | | | | | | |
| | PURPOSE OF | _ | Description | | | | | |
| | EXPENDITURE | Transportation Equipment And Related L Expense [| Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | | Officeholder fuel expense | | | | | |
| | | | · | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | expenditure to benefit C/OF | -1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 06/09/2025 | AT&T | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$261.95 | PO Box 537104 | | | | | | |
| | | | | | | | | |
| | | Atlanta, GA 30353 | | | | | | |
| | PURPOSE | <u> </u> | Description | | | | | |
| | OF | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | | |
| | | | Costs for Campaign phones | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held | | | | | |
| | experientale to beliefft C/Of | · | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | kpense /ages/Contract Labor | | Travel in District Travel Out of Dist | quipment & Related Expense |
|---|--|----|---|--|--------------------------------|-------|---|----------------------------|
| 1 | Total pages Cabadula F1: | 12 | · | | | 3 | Filor ID | (Ethics Commission Filers) |
| _ | Total pages Schedule F1: Sch: 2/41 Rpt: 7/48 | ı | Collier, Nicole D. (The Honorable) | | | 3 | Filer ID 00067957 | (Ethics Commission Filers) |
| 4 | Date | 5 | Payee name | | | | | |
| | 05/07/2025 | | AT&T | | | | | |
| 6 | Amount (\$) \$261.95 | | Payee address; City; State; PO Box 537104 Atlanta, GA 30353 | Zip Coo | de | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | ı, TX | de of Texas. Comp officeholder living aign phones | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name C | office sou | ght | | Office he | ld |
| | Date | | Payee name | | | | | |
| | 04/07/2025 | | AT&T | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | |
| | \$261.91 | | PO Box 537104 | | | | | |
| | | | Atlanta, GA 30353 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | <u> </u> | , TX | de of Texas. Comp officeholder living aign phones | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name C | office sou | ght | | Office he | ld |
| | Date 03/07/2025 | ı | Payee name AT&T | | | | | |
| | Amount (\$) \$261.91 | | PO Box 537104 | Zip Co | de | | | |
| | | | Atlanta, GA 30353 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | , TX | de of Texas. Comp officeholder living aign phones | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name C | office sou | ght | | Office he | ld |
| | | | | | | | | |

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: Sch: 3/41 Rpt: 8/48 | 2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID 00067957 | (Ethics Commission Filers) |
| 4 | Date 02/07/2025 | 5 Payee name AT&T | |
| 6 | Amount (\$) \$261.81 | 7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living Costs for Campaign phones | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office he DH | ld |
| | Date 01/07/2025 | Payee name AT&T | |
| | Amount (\$) \$261.77 | Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living Costs for Campaign phones | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office he DH | ld |
| | Date 04/03/2025 | Payee name Access Valet Parking | |
| | Amount (\$) \$15.00 | Payee address; City; State; Zip Code 117 W 4th Street | |
| | | Austin, TX 78701 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living Valet parking fee | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office he | ld |
| | | | |

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/41 Rpt: 9/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 06/05/2025 | Amazon |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$118.52 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office supplies |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OH | 1 |
| | Date | Payee name |
| | 06/02/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$151.52 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office supplies |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OH | 1 |
| | Date | Payee name |
| | 04/24/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$197.63 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| | 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. |
| | | X Check if Austin, TX, officeholder living expense Officeholder food/beverage expense |
| | | Officeriolder Tood/beverage expense |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenoider/Poli Credit Card Payment | cal 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 F | .: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/41 Rpt: 10/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 Date | 5 Payee name |
| 03/31/2025 | Amazon |
| 6 Amount (\$) \$123.3 | 7 Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate/Officeholder name Office sought Office held OH |
| Date | Payee name |
| 03/24/2025 | Amazon |
| Amount (\$) \$63.86 | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 |
| 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 Capitol office snacks |
| Complete ONLY if direct expenditure to benefit C/ | Candidate/Officeholder name Office sought Office held OH |
| Date | Payee name |
| 03/21/2025 | Amazon |
| Amount (\$) \$243.8 | Payee address; City; State; Zip Code 410 Terry Avenue N |
| | Seattle, WA 98109 |
| 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 Capitol office snacks/drinks |
| Complete ONLY if direct expenditure to benefit C/ | Candidate/Officeholder name Office sought Office held OH |
| | |

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: 6/41 Rpt: 11/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 03/17/2025 | Amazon |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$209.06 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office supplies and snacks |
| | | Office Supplies and Shacks |
| _ | Compulate ONII V if direct | Condidate/Officeholder name Office sought Office hold |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 03/03/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$105.92 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| | 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. |
| | | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| | | Officeriolder Austin living expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/Oł | |
| | | |
| | Date | Payee name |
| | 02/25/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$440.16 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| | 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. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | HD95 Day at the Capitol supplies |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | onponditure 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
Credit Card Baymont

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: 7/41 Rpt: 12/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/18/2025 | Amazon |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$198.01 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office supplies |
| | | Cinic Supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| | D : | |
| | Date | Payee name |
| | 02/10/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$149.84 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | ZA ZIIDII GRZ | X Check if Austin, TX, officeholder living expense |
| | | Officeholder Austin living expense |
| | Complete ONLY if direct | Condidate/Officeholder name Office pought |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | • | |
| | Date | Payee name |
| | 02/04/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$97.05 | 410 Terry Avenue N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Office supplies |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 | | |
|----------|--|--|---|
| <u> </u> | | | _ |
| 1 | Total pages Schedule F1: | | |
| | Sch: 8/41 Rpt: 13/48 | Collier, Nicole D. (The Honorable) 00067957 | |
| 4 | Date | 5 Payee name | |
| | 02/03/2025 | Amazon | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$125.52 | 410 Terry Avenue N | |
| | | | |
| | | Seattle, WA 98109 | |
| Ļ | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Officeholder Austin living expense | |
| | | Simoniaal Additioning Superior | |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office sought Office hold | |
| 9 | expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | |
| | | | _ |
| | Date | Payee name | |
| | 01/31/2025 | Amazon | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$95.38 | 410 Terry Avenue N | |
| | | | |
| | | Seattle, WA 98109 | |
| _ | PURPOSE | | _ |
| | OF | (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. | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Office snacks | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/O | | |
| H | Date | Payon namo | = |
| | 01/27/2025 | Payee name Amazon | |
| | | Amazon | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$207.54 | 410 Terry Avenue N | |
| | | | |
| | | Seattle, WA 98109 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | |
| | LAFENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Office supplies | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | n | |
| | | | |
| | | | |
| | | | |

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 | | |
|----------|--|---|----|
| <u> </u> | Tatalana O. I. S. T. | | > |
| 1 | Total pages Schedule F1: | | S) |
| | Sch: 9/41 Rpt: 14/48 | Collier, Nicole D. (The Honorable) 00067957 | |
| 4 | Date | 5 Payee name | |
| | 01/23/2025 | Amazon | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$60.10 | 410 Terry Avenue N | |
| | | | |
| | | Seattle, WA 98109 | |
| Ļ | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Office supplies | |
| | | Стос заррнез | |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | |
| | | | |
| | Date | Payee name | |
| | 01/21/2025 | Amazon | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$307.80 | 410 Terry Avenue N | |
| | | | |
| | | Seattle, WA 98109 | |
| _ | PURPOSE | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Officeholder Austin living expense | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| \vdash | Data | Davida martia | |
| | Date | Payee name | |
| | 01/02/2025 | Amazon | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$345.66 | 410 Terry Avenue N | |
| | | | |
| | | Seattle, WA 98109 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Office supplies | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | H | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

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

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: 10/41 Rpt: 15/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 06/12/2025 | American Airlines- Dallas |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$125.00 | 2500 Victory Drive |
| | | |
| | | Dallas, TX 75219 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District X Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Seat and baggage charges |
| | | Seat and baggage charges |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 05/12/2025 | Aris |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$146.35 | 1111 W 6th Street |
| | | |
| | | Austin, TX 78703 |
| | 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 |
| | | Officeholder meal with members |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 02/24/2025 | Avalon Transportation |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,645.87 | 200 Texas Way |
| | | Ste. 113 |
| | | Fort Worth, TX 76106 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | ZA ZABITORZ | Expense Check if Austin, TX, officeholder living expense |
| | | Expense for HD95 Day at the Capitol bus |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| | 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
Gitt/Awards/Memorials Expense

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services The Instruction Guide | Salaries/V | Vages | s/Contract Labor | | OTHER (enter a | category not listed above) | |
|--|--|----------------------|---------------------------------------|---------------------|------------------|------------------|-----|---|----------------------------|------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission File | ers) |
| | Sch: 11/41 Rpt: 16/48 | | ole D. (The Honoral | ole) | | | | 00067957 | | |
| 4 | Date | 5 Payee name | ! | | | | | | | |
| | 01/27/2025 | Bitly, Inc. | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$370.96 | 601 W 26th | Street | | | | | | | |
| | | Suite 357 | | | | | | | | |
| | | New York, | NY 10001 | | | | | | | |
| 8 | PURPOSE | (a) Category (s | see Categories listed at the to | p of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Advertising | Expense | | | _ | | de of Texas. Com | | |
| | | | | | | ULR subscrip | | , officeholder living | expense | |
| | | | | | | OLIV Subscrip | Juo | " | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | <u>l</u> ıght | | | Office he | eld | |
| | experialitire to beliefit C/OI | 1 | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/03/2025 | Blueground | İ | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$1,800.00 | 801 Barton | Springs Road | | | | | | | |
| | | Suite 9-103 | 3 | | | | | | | |
| | | Austin, TX | 78704 | | | | | | | |
| | PURPOSE OF | (a) Category (S | see Categories listed at the to | p of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Office Ove | head/Rental Expen | se | | = | | de of Texas. Com officeholder living | | |
| | | | | | | _ | | | nt living expenses | |
| | | | | | | | | , , , , , , , , , , , , , , , , , , , | ne mang expenses | |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ight | | | Office he | eld | |
| | Date | Payee name | | | | | | | | |
| | 05/07/2025 | Blueground | i | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$4,050.00 | 801 Barton | Springs Road | | | | | | | |
| | | Suite 9-103 | 3 | | | | | | | |
| | | Austin, TX | 78704 | | | | | | | |
| | PURPOSE | (a) Category (s | see Categories listed at the to | p of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Office Ove | head/Rental Expen | se | | ш | | de of Texas. Com | | |
| | | | | | | Check if Austin | | | | |
| | | | | | | Officeriolaer / | Aus | ын Арагипе | nt living expenses | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office sou | L ıaht | | | Office he | eld | |
| | expenditure to benefit C/O | | | 3 | J | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 12/41 Rpt: 17/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 04/03/2025 | Blueground |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$4,050.00 | 801 Barton Springs Road |
| | | Suite 9-103 |
| | | Austin, TX 78704 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | X Check if Austin, TX, officeholder living expense |
| | | Officeholder Austin Apartment Expenses |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/03/2025 | Blueground |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4,050.00 | 801 Barton Springs Road |
| | | Suite 9-103 |
| | | Austin, TX 78704 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | X Check if Austin, TX, officeholder living expense |
| | | Officeholder Austin Apartment living expense |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/03/2025 | Blueground |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4,050.00 | 801 Barton Springs Road |
| | | Suite 9-103 |
| | | Austin, TX 78704 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | X Check if Austin, TX, officeholder living expense |
| | | Officeholder Austin Apartment living expense |
| L | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | <u> </u> |
| | | |
| | | |
| | | |

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 | | | vices struction Guide explains I | - | s/Contract Labor | | enter a category not listed ab | oove) |
|--|----------------------------|----------------------------|-------------------------------------|---------------|------------------|------------------|--------------------------------|--------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID | (Ethics Commiss | sion Filers) |
| | Sch: 13/41 Rpt: 18/48 | Collier, Nicole D. (| The Honorable) | | | 00067 | 957 | |
| 4 | Date | 5 Payee name | | | | | | |
| | 05/02/2025 | Buc-ee's | | | | | | |
| 6 | Amount (\$) | 7 Payee address; | City; State; | Zip Code | | | | |
| | \$56.66 | 4155 N General B | ruce Drive | | | | | |
| | | | | | | | | |
| | | Temple, TX 76501 | - | | | | | |
| 8 | PURPOSE | (a) Category (See Category | ries listed at the top of this sche | edule) (b) | Description | | | |
| | OF EXPENDITURE | | uipment And Related | | | | s. Complete Schedule T. | |
| | | Expense | | | Officeholder f | | er living expense | |
| | | | | | Omocnoider i | тист схрст | 30 | |
| 9 | Complete ONLY if direct | Candidate/Officeholde | er name C | Office sought | | Off | ice held | |
| | expenditure to benefit C/O | | , name | mee sough | | Oil | ioo noid | |
| H | Date | Payee name | | | | | | |
| | 04/14/2025 | Buc-ee's | | | | | | |
| | Amount (\$) | Payee address; | City; State; | Zip Code | | | | |
| | \$65.87 | 4155 N General B | • | Zip Codo | | | | |
| | Ψ00.01 | 4100 N Ochera B | ruce Drive | | | | | |
| | | Temple, TX 76501 | | | | | | |
| _ | PURPOSE | (a) Category (See Category | | (b | Description | | | |
| | OF | | uipment And Related | , i | _ | outside of Texa | s. Complete Schedule T. | |
| | EXPENDITURE | Expense | aipinent / tha related | | Check if Austin | , TX, officehold | er living expense | |
| | | | | | Officeholder f | fuel expen | se | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholde | er name C | Office sought | | Off | ice held | |
| L | expenditure to benefit C/O | | | | | | | |
| | Date | Payee name | | | | | | |
| L | 03/24/2025 | Buc-ee's | | | | | | |
| | Amount (\$) | Payee address; | City; State; | Zip Code | | | | |
| | \$53.06 | 4155 N General B | ruce Drive | | | | | |
| | | | | | | | | |
| | | Temple, TX 76501 | | | | | | |
| | PURPOSE | (a) Category (See Catego | ries listed at the top of this sch | edule) (b) | Description | | | |
| | OF EXPENDITURE | Transportation Eq | uipment And Related | | | | s. Complete Schedule T. | |
| | | Expense | | | | | er living expense | |
| | | | | | Officeholder f | iuei expen | 5 C | |
| _ | Complete ONLY if direct | Candidate/Officeholde | er name C | Office sought | | Off | ice held | |
| | expenditure to benefit C/O | | | oo ooagiii | | 311 | .55 11010 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 | | |
|----------|--|---|------|
| _ | Tatal as a second of Education Education | <u> </u> | > |
| 1 | Total pages Schedule F1: Sch: 14/41 Rpt: 19/48 | 2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission File 00067957 | ers) |
| 4 | Date | 5 Payee name | |
| | 03/17/2025 | Buc-ee's | |
| 6 | Amount (\$) \$67.29 | 7 Payee address; City; State; Zip Code 4155 N General Bruce Drive Temple, TX 76501 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Expense Check if Austin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 03/03/2025 | Buc-ee's | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$48.60 | 4155 N General Bruce Drive | |
| | | | |
| | | Temple, TX 76501 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Expense Check if Austin, TX, officeholder living expense Officeholder fuel expense | |
| | | Oniceriolaer fuer experise | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | Date | Payee name | |
| | 02/21/2025 | Buc-ee's | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$29.22 | 4155 N General Bruce Drive | |
| | | Temple, TX 76501 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. | |
| | - | Expense Check if Austin, TX, officeholder living expense Officeholder vehicle maintenance | |
| | | Onicendider vehicle maintenance | |
| \vdash | 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 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 | / - al Cor | mmittee | Legal Servi | | | | ages. | e /Contract Labor ete this form. | | Travel Out of I OTHER (enter | District a category not listed | l above) |
|----------|--|---------------|----------------|--------------|--------------------|-----------------|------------|-------|--|-------|---------------------------------|-----------------------------------|----------------|
| Ļ | | | | | action Guia | C CAPIAIIIS I | TOW TO COL | iipie | ac una ioiiii. | _ | | /= | , . |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | 3 | | (Ethics Comm | ission Filers) |
| | Sch: 15/41 Rpt: 20/48 | _ | Collier, Nico | ole D. (T | he Honora | able) | | | | | 00067957 | • | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| L | 02/10/2025 | | Buc-ee's | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; C | ity; | State; | Zip Co | de | | | | | |
| | \$51.44 | | 4155 N Ger | neral Bru | ice Drive | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Temple, TX | 76501 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | | es listed at the t | top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Transportat | | | | | | _ ` | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | Expense | • | | | | | _ | | officeholder livi | ng expense | |
| | | | | | | | | | Officeholder f | fue | expense | | |
| L | | L | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder | name | C | Office sou | ght | | | Office | held | |
| | expenditure to benefit C/OI | H | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 05/14/2025 | | CVS Austin | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; C | ity; | State; | Zip Co | de | | | | | |
| | \$13.36 | | 500 Congre | ss Aven | iue | | | | | | | | |
| | | | J | | | | | | | | | | |
| | | | Austin, TX | 78701 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | | | | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Over | head/Re | ental Expe | nse | | | — | | | mplete Schedule T. | |
| | - | | | | | | | | Check if Austin | | | | |
| | | | | | | | | | Officeholder A | ત્તu | sun uving e | vhense | |
| \vdash | Complete ONLY if divert | Ц | Candidata/Off: | oobolds: | nome | | Office as: | abt | | | Office | hold | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offi | cenolaer | паше | C | Office sou | ynı | | | Office | ileiü | |
| \vdash | Data | <u> </u> | Daves ::-: | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 02/03/2025 | | Cava Austir | | | | | | | | | | |
| | Amount (\$) | | Payee addre | | ity; | State; | Zip Co | de | | | | | |
| | \$73.83 | | 515 Congre | ss Aven | iue | | | | | | | | |
| | | | | | | | | | | | | | |
| | | L | Austin, TX | 78701 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categorie | es listed at the t | top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bever | age Exp | ense | | | | ш | | | mplete Schedule T. | |
| | | | | | | | | | | | officeholder livi | | |
| | | | | | | | | | Capitol office | 100 | ou expense | , | |
| | Complete ONLY if direct | Ļ | Candidate/Offi | caholdor | name | | Office sou | aht | | | Office | hold | |
| | expenditure to benefit C/O | | Januluale/UIII | cenoidel | name | C | mice Sou(| yııı | | | Onice | iiciu | |
| | • | | | | | | | | | | | | |
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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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 16/41 Rpt: 21/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/07/2025 | Chase Auto Finance |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,676.51 | 14800 Frye Road |
| | | |
| | | Fort Worth, TX 76155 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder auto lease expense |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to benefit 6/6/ | · |
| | Date | Payee name |
| | 02/27/2025 | Chick-fil-A Fort Worth |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$129.30 | 549 Carroll Street |
| | | |
| | | Fort Worth, TX 76107 |
| | 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 Lunch for Dunbar students for field trip |
| | | Edition bulbar stadents for field trip |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 02/12/2025 | Congress Parking |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.32 | 110 E 9th Street |
| | 411.02 | |
| | | Austin, TX 78701 |
| | DUDDOCE | |
| | 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 | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Parking expense to attend event |
| | | |
| | 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 -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

| | 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: 17/41 Rpt: 22/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 06/12/2025 | Constant Contact |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$122.59 | 1601 Trapelo Road |
| | | |
| | | Waltham, MA 02451 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Marketing subscription |
| | | Watketing Subscription |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 05/12/2025 | Constant Contact |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$117.26 | 1601 Trapelo Road |
| | | |
| | | Waltham, MA 02451 |
| | 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 Marketing subscription |
| | | Walketing Subscription |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 04/14/2025 | Constant Contact |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$117.26 | 1601 Trapelo Road |
| | | |
| | | Waltham, MA 02451 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Marketing subscription |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
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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/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: 18/41 Rpt: 23/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 03/12/2025 | Constant Contact |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$117.26 | 1601 Trapelo Road |
| | | |
| | | Waltham, MA 02451 |
| 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 |
| | | Marketing subscription |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | 1 |
| | Date | Payee name |
| | 02/12/2025 | Constant Contact |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$117.26 | 1601 Trapelo Road |
| | | |
| | | Waltham, MA 02451 |
| | 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 |
| | | Marketing subscription |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OH | 1 |
| | Date | Payee name |
| | 01/13/2025 | Constant Contact |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$117.26 | 1601 Trapelo Road |
| | | |
| | | Waltham, MA 02451 |
| | 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 Marketing subscription |
| | | Marketing Subscription |
| | 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 C 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 | |
|---|--|---|
| | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total pages Schedule F1: | |
| | Sch: 19/41 Rpt: 24/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 01/22/2025 | Cowtown Bus Charters |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$548.63 | 5504 Forest Hill Drive |
| | | |
| | | Forest Hill , TX 76119 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Bus deposit for HD95 Day at the Capitol |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | poa.taro to boriont 0/01 | |
| | Date | Payee name |
| | 06/18/2025 | Edwards & Patterson |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$110.40 | 203 S Belt Line Road |
| | | |
| | | Irving, TX 75060 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Presentation check for the National Juneteenth |
| | | Museum in Fort Worth |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/30/2025 | Edwards & Patterson |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$110.40 | 203 S Belt Line Road |
| | Ψ110.40 | 200 0 200 200 000 |
| | | Irving, TX 75060 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITURE | Check if Austin, TX, officeholder living expense |
| | | Presentation Check for Griggs South Creek Linear Park in Forest Hill, TX |
| | 0 1 0 0 0 0 0 | |
| | 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 Comm

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) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/41 Rpt: 25/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 01/27/2025 | Embassy Suites McAllen |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$399.97 | 800 Convention Center Blvd. |
| | | |
| | | McAllen, TX 78501 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder lodging for Rio Grande Valley |
| | | Legislative Tour |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | |
| _ | Date | Davies same |
| | | Payee name |
| | 05/27/2025 | Extra Space Storage |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$245.00 | 6750 Mandy Lane |
| | | |
| | | Fort Worth, TX 76112 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign storage expense |
| | | Campaign storage expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 04/24/2025 | Extra Space Storage |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$215.00 | 6750 Mandy Lane |
| | φ215.00 | 0750 Mailuy Lane |
| | | Fout Months TV 70110 |
| | BURE 2 2 - | Fort Worth, TX 76112 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign storage expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | | Legal Services The Instruction Guide | Salaries | Wages | /Contract Labor | | OTHER (enter a | category not listed above) |
|---|--|----------------------|---------------------------------------|---------------------|------------------|-----------------|---|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 1 | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 21/41 Rpt: 26/48 | Collier, Nico | ole D. (The Honora | ble) | | | | 00067957 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 03/24/2025 | Extra Spac | e Storage | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$215.00 | 6750 Mand | y Lane | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, | TX 76112 | | | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Office Over | head/Rental Expen | ise | | 므 | | de of Texas. Com | |
| | | | | | | Campaign sto | | officeholder living | rexpense |
| | | | | | | oupa.g ou | | go onponeo | |
| 9 | Complete ONLY if direct | Candidate/Off | ceholder name | Office so | <u>I</u> ught | | | Office he | eld |
| | expenditure to benefit C/OI | Н | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/24/2025 | Extra Spac | e Storage | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$215.00 | 6750 Mand | y Lane | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, | TX 76112 | | | | | | |
| | PURPOSE OF | | ee Categories listed at the to | | (b) | Description | | | |
| | EXPENDITURE | Office Over | head/Rental Exper | ise | | = | | de of Texas. Com officeholder living | |
| | | | | | | Campaign sto | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | | ceholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | + | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/24/2025 | Extra Space | e Storage | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$215.00 | 6750 Mand | y Lane | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, | TX 76112 | | | | | | |
| | PURPOSE | 1 | ee Categories listed at the to | | (b) | Description | | | |
| | OF EXPENDITURE | Office Over | head/Rental Exper | ise | | | | de of Texas. Com | |
| | | | | | | Campaign sto | | officeholder living | expense |
| | | | | | | - apaigii 010 | u | 9.5 cboi.oc | |
| | Complete ONLY if direct | Candidate/Off | ceholder name | Office so | <u>I</u> ught | | | Office he | eld |
| | expenditure to benefit C/O | H | | | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

| | 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: 22/41 Rpt: 27/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/27/2025 | Fresas |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$156.73 | 915 N Lamar Blvd |
| | | |
| | | Austin, TX 78701 |
| 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 |
| | | Capitol office food expense |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/25/2025 | Frost Bank |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.00 | PO Box 16509 |
| | | |
| | | Fort Worth, TX 76162 |
| | 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 Bank fee |
| | | Dailk ice |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | y |
| | Date | Payee name |
| | 06/02/2025 | Google Workspace |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$46.05 | 1600 Amphitheatre Parkway |
| | | |
| | | Mountainview, CA 94043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign website host expense |
| | Complete ONE Wife direct | Condidate Office helder name |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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/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: 23/41 Rpt: 28/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 05/01/2025 | Google Workspace |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$46.05 | 1600 Amphitheatre Parkway |
| | ! | |
| | | Mountainview, CA 94043 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | ! | Campaign website host expense |
| | ! | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | the state of the s |
| | Date | Payee name |
| | 04/01/2025 | Google Workspace |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$46.05 | 1600 Amphitheatre Parkway |
| | + .0 | 1000 / imprintingation is activity |
| | | Mountainview, CA 94043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | ! | Campaign website host expense |
| | ! | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 03/03/2025 | Google Workspace |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$46.05 | 1600 Amphitheatre Parkway |
| | ¥ 10.03 | 1000 Amphiliteate Fartway |
| | ! | Mountainview, CA 94043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Campaign website host expense |
| | ! | Campaign website nost expense |
| _ | 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

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 | |
|---|--|---|
| _ | T | |
| 1 | Total pages Schedule F1: Sch: 24/41 Rpt: 29/48 | 2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/03/2025 | Google Workspace |
| 6 | Amount (\$) \$46.05 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website host expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/02/2025 | Google Workspace |
| | Amount (\$) \$46.05 | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website host expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/30/2025 | Hill Country Springs |
| | Amount (\$) \$137.46 | Payee address; City; State; Zip Code 10019 S IH 35 Frontage Road |
| | | Austin, TX 78747 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol office water |
| | 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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica | | Gift/Awards/Memorials Expense Imittee Legal Services | Printing Ex Salaries/W | | e /Contract Labor | | Travel Out of Dis OTHER (enter a | trict category not listed above) | |
|---|---|----------|---|---------------------------|------|----------------------|-----|-------------------------------------|-------------------------------------|---------|
| | Credit Card Payment | | The Instruction Guide explains | how to cor | nple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 25/41 Rpt: 30/48 | | Collier, Nicole D. (The Honorable) | | | | | 00067957 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/12/2025 | | Hill Country Springs | | | | | | | |
| - | | - | | ; Zip Co | do. | | | | | |
| 6 | Amount (\$) \$74.30 | 7 | | , Zip Coi | ue | | | | | |
| | Φ14.50 | | 10019 S IH 35 Frontage Road | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78747 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | = | | de of Texas. Com | | |
| | | | | | | Capitol office | | officeholder living | expense | |
| | | | | | | eapiter effice | *** | | | |
| 9 | Complete ONLY if direct | <u> </u> | andidate/Officeholder name (| Office sou | thr | | | Office he | ald. | |
| 9 | expenditure to benefit C/OI | | andidate/Officerolder frame | Onice sou(| JIII | | | Office fie | au | |
| | | _ | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 06/03/2025 | | Juiceland Frost | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | |
| | \$21.04 | | 120 E 4th Street | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | <u></u> | | de of Texas. Com | | |
| | LXI LINDITORL | | | | | — | | officeholder living | | |
| | | | | | | Officeholder A | Aus | sun living ex | pense | |
| | 0 1: 0 1: 0 | | 1111100 | 0.00 | | | | 0,50 | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office sou | gnt | | | Office he | ela | |
| | <u> </u> | _ | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 05/30/2025 | | Juiceland Frost | | | | | | | |
| | Amount (\$) | | | ; Zip Co | de | | | | | |
| | \$17.13 | | 120 E 4th Street | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | , | | ш | | de of Texas. Com | | |
| | EXI ENDITORE | | | | | _ | | officeholder living | | |
| | | | | | | Officeholder A | Aus | stin living exp | oense | |
| | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office sou | ght | | | Office he | eld | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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: 26/41 Rpt: 31/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 05/23/2025 | Juiceland Frost |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$19.22 | 120 E 4th Street |
| | | |
| | | Austin, TX 78701 |
| 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. |
| | | X Check if Austin, TX, officeholder living expense Officeholder Austin living expense |
| | | Cilicentitide / Austin IIVIIIg expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| Т | Date | Payee name |
| | 03/24/2025 | Juiceland Frost |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$7.94 | 120 E 4th Street |
| | , - | |
| | | Austin, TX 78701 |
| | 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. |
| | | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| | | Cilicentitide / Austin living expense |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 02/18/2025 | Legislative Study Group |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,030.00 | P.O. Box 12943 Capitol Station |
| | φ1,030.00 | F.O. Box 12943 Capitol Station |
| | | Austin, TX 78701 |
| | 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 |
| | | Membership fee |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services 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)

| | 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: 27/41 Rpt: 32/48 | Collier, Nicole D. (The Honorable) | 00067957 |
| 4 | Date | 5 Payee name | |
| | 03/17/2025 | Marriott Austin | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$259.60 | 304 E Cesar Chavez St | |
| | | | |
| | | Austin, TX 78701 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| | | | constituent Capitol visit |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | Н | |
| | Date | Payee name | |
| | 02/18/2025 | Metro Golf King | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$238.15 | 4063 South Freeway | |
| | | | |
| | | Fort Worth, TX 76110 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | el outside of Texas. Complete Schedule T. |
| | | | in, TX, officeholder living expense atal donated for the Fort Worth MLK |
| | | Parade | tal deflated for the Folt Worth MER |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | н | |
| | Date | Payee name | |
| | 01/24/2025 | Pacific Printing | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$78.00 | 19 Damon Road | |
| | | | |
| | | Northampton, MA 01060 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Advertising Expense | el outside of Texas. Complete Schedule T. |
| | | Check if Austi | in, TX, officeholder living expense |
| | | Neu carus | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 9 | Ccc 1.614 |
| | | | |
| | | | |
| | | | |

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: Sch: 28/41 Rpt: 33/48 | 2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957 |
| 4 | Date 02/12/2025 | 5 Payee name Pappadeaux Austin |
| 6 | Amount (\$) \$82.87 | 7 Payee address; City; State; Zip Code 6319 N Interstate Hwy 35 |
| _ | | Austin, TX 78752 |
| 8 | 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 Officeholder meal with members |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 01/27/2025 | Payee name Perry's |
| | Amount (\$) \$141.64 | Payee address; City; State; Zip Code 114 West 7th Street Austin, TX 78701 |
| | 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 Officeholder meal with members |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 05/29/2025 | Payee name Quick N Clean |
| | Amount (\$) \$35.00 | Payee address; City; State; Zip Code 5600 Camp Bowie |
| | | Fort Worth, TX 76107 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder vehicle maintenance |
| | Complete <u>ONLY</u> 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 Comm

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 | |
|---|--|--|
| _ | T | |
| 1 | Total pages Schedule F1: Sch: 29/41 Rpt: 34/48 | 2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957 |
| 4 | Date | 5 Payee name |
| | 05/12/2025 | Quick N Clean |
| 6 | Amount (\$) \$35.00 | 7 Payee address; City; State; Zip Code 5600 Camp Bowie |
| | | Fort Worth, TX 76107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder vehicle maintenance |
| | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/29/2025 | Quick N Clean |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | Φ33.00 | 5000 Camp Bowle |
| | | Fort Worth, TX 76107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | - | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder vehicle maintenance |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/11/2025 | Quick N Clean |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | φ33.00 | 3000 Camp Bowle |
| | | Fort Worth, TX 76107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | LXI LINDITORL | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder vehicle maintenance |
| | | |
| | 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) Event Expense

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

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 L | egal Services The Instruction Guide | 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: 30/41 Rpt: 35/48 | Collier, Nicol | e D. (The Honorab | ole) | | | | 00067957 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 03/31/2025 | Quick N Clea | เท | | | | | | |
| 6 | Amount (\$) | 7 Payee address | s; City; | State; Zip C | ode | | | | |
| | \$35.00 | 5600 Camp I | Bowie | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, T | X 76107 | | | | | | |
| 8 | PURPOSE OF | | Categories listed at the top | | (b) | Description | | | |
| | EXPENDITURE | • | n Equipment And | Related | | 므 | | de of Texas. Com officeholder living | |
| | | Expense | | | | Officeholder v | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Office | eholder name | Office so | <u> </u> | | | Office he | eld |
| L | expenditure to benefit C/OI | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/11/2025 | Quick N Clea | เท | | | | | | |
| | Amount (\$) | Payee address | s; City; | State; Zip C | ode | | | | |
| | \$35.00 | 5600 Camp I | Bowie | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, T | X 76107 | | | | | | |
| | PURPOSE OF | | Categories listed at the top | | (b) | Description | | | |
| | EXPENDITURE | | n Equipment And | Related | | = | | de of Texas. Com officeholder living | |
| | | Expense | | | | Officeholder v | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Office | eholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | 1 | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/03/2025 | Quick N Clea | เท | | | | | | |
| | Amount (\$) | Payee address | s; City; | State; Zip C | ode | | | | |
| | \$35.00 | 5600 Camp I | Bowie | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, T | X 76107 | | | | | | |
| | PURPOSE | (a) Category (See | Categories listed at the top | of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | n Equipment And | Related | | ш | | de of Texas. Com | • |
| | | Expense | | | | Officeholder v | | officeholder living | |
| | | | | | | Siliconolider (| | iioio mainter | |
| | Complete ONLY if direct | Candidate/Office | eholder name | Office so | <u>l</u> ught | | | Office he | eld |
| | 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/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: 31/41 Rpt: 36/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/11/2025 | Quick N Clean |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | | |
| | | Fort Worth, TX 76107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense |
| | | Sinceriolael verilole maintenance |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Dete | |
| | Date | Payee name |
| | 01/29/2025 | Quick N Clean |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | | |
| | | Fort Worth, TX 76107 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense |
| | | Cinceriolaer verificie maintenance |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name |
| | 01/13/2025 | Quick N Clean |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | | |
| | | Fort Worth, TX 76107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | ZA ZHOHORZ | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder vehicle maintenance |
| _ | Operation ONE V. C. F. | On didn't lot for a series of the series of |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

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 Salaries (Contract Labor,

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------|---|---|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 32/41 Rpt: 37/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 06/30/2025 | Quick N Clean |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | | |
| | | Fort Worth, TX 76107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense Officeholder vehicle maintenance |
| | | Cincondidor Volvido maintenante |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| \vdash | Data | |
| | Date 06/11/2025 | Payee name |
| | | Quick N Clean |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 5600 Camp Bowie |
| | | |
| | | Fort Worth, TX 76107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | _ | Expense Check if Austin, TX, officeholder living expense Officeholder vehicle maintenance |
| | | Officeriolaer verifice maintenance |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | y |
| | | |
| | Date | Payee name |
| | 04/10/2025 | Quiktrip |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$65.06 | 1101 Hemphill |
| | | |
| | | Fort Worth, TX 76104 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder fuel expense |
| | Complete ONLY if direct | Condidate/Officeholder name Office cought |
| | Complete ONLY if direct expenditure to benefit C/OH | 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | orean cara r ayment | The Instruction Guide explains how to com | ple | te this form. |
|---|---|--|---------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 33/41 Rpt: 38/48 | Collier, Nicole D. (The Honorable) | | 00067957 |
| 4 | Date | 5 Payee name | | · |
| | 03/31/2025 | Quiktrip | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | e | |
| | \$62.62 | 1101 Hemphill | | |
| | | | | |
| | | Fort Worth, TX 76104 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | OF EXPENDITURE | Transportation Equipment And Related | | Check if travel outside of Texas. Complete Schedule T. |
| | | Expense | | Check if Austin, TX, officeholder living expense Officeholder fuel expense |
| | | | | Cincendider laci expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sougl | | Office held |
| ľ | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | | Cindo incid |
| _ | Date | Payee name | — | |
| | 03/10/2025 | Quiktrip | | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ | |
| | \$50.14 | 1101 Hemphill | | |
| | Ψ00.14 | 1101 Hemphin | | |
| | | Fort Worth, TX 76104 | | |
| _ | PURPOSE | | <u></u> | Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related | IJ, | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Expense | | Check if Austin, TX, officeholder living expense |
| | | | | Officeholder fuel expense |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | ht | Office held |
| | experience to benefit Gree | <u> </u> | | |
| | Date | Payee name | | |
| | 02/24/2025 | Quiktrip | | |
| | Amount (\$) | Payee address; City; State; Zip Code | е | |
| | \$51.58 | 1101 Hemphill | | |
| | | | | |
| | | Fort Worth, TX 76104 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | EXPENDITURE | Transportation Equipment And Related | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Expense | | Officeholder fuel expense |
| | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sougl | ht | Office held |
| | expenditure to benefit C/O | • | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | <u> </u> |
| _ | Sch: 34/41 Rpt: 39/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/18/2025 | Quiktrip |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$65.20 | 1101 Hemphill |
| | 400.20 | |
| | | Fort Worth, TX 76104 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | - | Expense Check if Austin, TX, officeholder living expense Officeholder fuel expense |
| | | Officeriolder ider experise |
| _ | Computate ONLL V if diseast | Condidate/Officeholder name Office pought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/31/2025 | Quiktrip |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$70.06 | 1101 Hemphill |
| | | |
| | | Fort Worth, TX 76104 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | | Expense Check if Austin, TX, officeholder living expense Officeholder fuel expense |
| | | Officeriolder ider experise |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 01/22/2025 | Quiktrip |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$45.60 | 1101 Hemphill |
| | | |
| | | Fort Worth, TX 76104 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | LAFENDITORE | Expense Check if Austin, TX, officeholder living expense |
| | | Officeholder fuel expense |
| | 0 1. 5 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Emportante to benefit 0/01 | |
| | | |
| | | |

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: 35/41 Rpt: 40/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 01/13/2025 | Quiktrip |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$44.54 | 1101 Hemphill |
| | | |
| | | Fort Worth, TX 76104 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | - | Expense Check if Austin, TX, officeholder living expense Officeholder fuel expense |
| | | Officeriolder ider experise |
| Ļ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| _ | | |
| | Date | Payee name |
| | 02/07/2025 | Shell Fort Worth |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$74.90 | 414 University Drive |
| | | |
| | | Fort Worth, TX 76107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense Officeholder fuel expense |
| | | Officeriolder ider experise |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Data | |
| | Date | Payee name |
| | 05/05/2025 | Solid State Books |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$39.31 | 600 H Street |
| | | |
| | | Washington, DC 20002 |
| | 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 |
| | | Books for constituents |
| | | DOOKS TO! COTISULUETIES |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| 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/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: 36/41 Rpt: 41/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 04/02/2025 | Soto, Jimena |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,000.00 | 101 S. Jennings Avenue |
| | | Suite 103C |
| | | Fort Worth, TX 76104 |
| 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 |
| | | Wages |
| | | agos |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 02/28/2025 | Soto, Jimena |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 101 S. Jennings Avenue |
| | | Suite 103C |
| | | Fort Worth, TX 76104 |
| | 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 |
| | | Wages |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 01/29/2025 | Soto, Jimena |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 101 S. Jennings Avenue |
| | | Suite 103C |
| | | 5. (W. d. TV 70404 |
| | | Fort Worth, TX 76104 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | 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. |
| | | (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 |
| | 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. |
| | 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 Wages |
| | 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. Check if Austin, TX, officeholder living expense Wages Candidate/Officeholder name Office sought Office held |
| | OF EXPENDITURE Complete ONLY if direct | (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 Wages Candidate/Officeholder name Office sought Office held |
| _ | OF EXPENDITURE Complete ONLY if direct | (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 Wages 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 -

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) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 37/41 Rpt: 42/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 03/19/2025 | Statesman Cap 10K |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$82.88 | 8000 Metropolis Drive |
| | | Building A, Ste. 100 |
| | | Austin, TX 78744 |
| 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. |
| | | Candidate/Officeholder/Political Committee |
| | | Bonation to captor Legislative ream |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | -1 |
| | Date | Payee name |
| | 02/18/2025 | The Capitol Grill |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$104.30 | 1100 Congress Ave |
| | | |
| | | Austin, TX 78701 |
| | 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 |
| | | Capitol office food |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 02/18/2025 | The Home Depot Austin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$121.91 | 3600 S IH-35 Frontage Road |
| | | |
| | | Austin, TX 78704 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | I Check it Austin I X officeholder living expense |
| | | |
| | | Office supplies |
| | Complete ONLY if direct | Office supplies |
| | Complete ONLY if direct expenditure to benefit C/Ol | Office supplies Candidate/Officeholder name Office sought Office held |
| | | Office supplies Candidate/Officeholder name Office sought Office held |
| | | Office supplies 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | | The Instruction Guide explains how to co | mple | lete this form. |
|---|-----------------------------|----------|--|-------|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 38/41 Rpt: 43/48 | | Collier, Nicole D. (The Honorable) | | 00067957 |
| 4 | Date | 5 | Payee name | | · |
| | 02/03/2025 | | Tom Thumb | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Co | de | |
| | \$284.75 | | 2400 W 7th Street | | |
| | | | | | |
| | | | Fort Worth, TX 76107 | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | Check if Austin, TX, officeholder living expense Officeholder Austin living expense |
| | | | | | Cinconcider / tactin in ing cit,period |
| 9 | Complete ONLY if direct | | L Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/OI | Н | | | |
| T | Date | Π | Payee name | | |
| | 02/19/2025 | | Tx House LGBTQ Caucus | | |
| | Amount (\$) | T | Payee address; City; State; Zip Co | de | |
| | \$421.37 | | PO Box 2960 | | |
| | | | | | |
| | | | Austin, TX 78769 | | |
| | 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 Membership fee |
| | | | | | Memberemp rec |
| | Complete ONLY if direct | <u> </u> | L Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/OI | Н | | | |
| | Date | | Payee name | | |
| | 06/23/2025 | | USLege AI | | |
| | Amount (\$) | T | Payee address; City; State; Zip Co | de | |
| | \$500.00 | | 1100 Congress Avenue | | |
| | | | | | |
| | | | Austin, TX 78701 | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | | Check if Austin, TX, officeholder living expense Legislative subscription |
| | | | | | Legislative subscription |
| | Complete ONLY if direct | Ц, | Candidate/Officeholder name Office sou | aht | Office held |
| | expenditure to benefit C/OI | | | J. 11 | 555 11014 |
| | | | | | |
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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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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) |
| l | Sch: 39/41 Rpt: 44/48 | Collier, Nicole D. (The Honorable) 00067957 | |
| 4 | Date | 5 Payee name | |
| l | 05/20/2025 | USLege Al | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$500.00 | 1100 Congress Avenue | |
| l | | | |
| | | Austin, TX 78701 | |
| 8 | PURPOSE | | |
| ľ | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Legislative subscription | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | experialture to berieff C/O | νπ | |
| | Date | Payee name | |
| l | 04/21/2025 | USLege AI | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$500.00 | 1100 Congress Avenue | |
| | | | |
| | | Austin, TX 78701 | |
| Н | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| | | Legislative subscription | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| l | expenditure to benefit C/O | | |
| ⊨ | <u> </u> | T _ | |
| l | Date | Payee name | |
| | 03/20/2025 | USLege AI | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$500.00 | 1100 Congress Avenue | |
| l | | | |
| | | Austin, TX 78701 | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | Legislative subscription | |
| | | 20giolati o odoonipiloti | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| \vdash | | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | 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: 40/41 Rpt: 45/48 | Collier, Nicole D. (The Honorable) 00067957 |
| 4 | Date | 5 Payee name |
| | 02/20/2025 | USLege AI |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 1100 Congress Avenue |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Legislative subscription |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/21/2025 | USLege AI |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 1100 Congress Avenue |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Legislative subscription |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/03/2025 | Valet Ruths Chris |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.18 | 107 W 6th Street |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense |
| | | Expense |
| | | , and governo |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | ommittee Legal Services | Salaries/Wages/Con | | category not listed above) |
|--|---|--|---|--|
| Fotal pages Schedule F1: Sch: 41/41 Rpt: 46/48 | Collier, Nicole D. (The Hono | orable) | 3 Filer ID 00067957 | (Ethics Commission Filers) |
| Date 03/24/2025 | Walmart Austin | | | |
| Amount (\$) \$176.05 | 710 E. Ben White Blvd. | State; Zip Code | | |
| PURPOSE | | (b) De | scription | |
| OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Com Check if Austin, TX, officeholder living | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sought | Office he | eld |
| | | | | |
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 48/48 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Collier, Nicole D. (The Honorable) 00067957 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines- Dallas 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Collier, Nicole 8 Departure city or name of departure location 06/10/2025 **DFW** 9 Destination city or name of destination location 06/10/2025 DCA 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Attend NBCSL on the Hill event Commercial Airplane