

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|----------------------|--|--------------------|---|--------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088068 | | 2 Total pages filed: 19 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | | FIRST Katherine | MI | |
| | NICKNAME | | LAST Culbert | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; 1919 Taylor St. #1670 Suite F Houston, TX 77007 | | ZIP CODE | |
| | | OFFICE USE ONLY | | | |
| | | Date Received ELECTRONICALLY FILED 07/15/2025 | | | |
| | | Date Hand-delivered or Date Postmarked | | | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR Mr. | | FIRST Lou | MI |
| | | NICKNAME | | LAST Weaver | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1609 Castle Ct. #1 Houston, TX 77006 | | | |
| 7 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (832) 265-0342 | | | |
| 8 REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | | Month Day Year THROUGH Month Day Year 01/01/2025 06/30/2025 | | | |
| 10 ELECTION | | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) Railroad Commissioner | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 19

| | | | |
|----------------|--------------------------|-------------|----------------------------|
| 13 C / OH NAME | Culbert, Katherine (Ms.) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00088068 | |

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

| | | | |
|-------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 921.07 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 364.61 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 5,963.25 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 20,000.00 |

17 AFFIDAVIT

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

Ms. Katherine Culbert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 19

| | | |
|--|---|---|
| 18 FILER NAME Culbert, Katherine (Ms.) | | 19 Filer ID (Ethics Commission Filers) 00088068 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 921.07 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 29.64 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 334.97 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/19 |
| 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 04/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos, Janet <hr/> 6 Contributor address; City; State; Zip Code Decatur, TX 76234 | 7 Amount of Contribution (\$) \$25.25 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmichael, Harold <hr/> Contributor address; City; State; Zip Code Dallas, TX 75226 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Art Director | | Employer (See Instructions) TPN |
| Date 04/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, David <hr/> Contributor address; City; State; Zip Code Katy, TX 77449 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Managing Partner | | Employer (See Instructions) Trenton Hoyt LLC |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78748 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Product Manager | | Employer (See Instructions) Dosespot |
| Date 01/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) ExxonMobil |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/19 |
| 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 02/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) ExxonMobil |
| Date 03/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) ExxonMobil |
| Date 04/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) ExxonMobil |
| Date 05/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) ExxonMobil |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) ExxonMobil |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/19 |
| 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 01/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael 6 Contributor address; City; State; Zip Code Baltimore, MD 21218 | 7 Amount of Contribution (\$) \$1.36 |
| 8 Principal occupation / Job title (See Instructions) Systems Engineer | | 9 Employer (See Instructions) AURA |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael Contributor address; City; State; Zip Code Baltimore, MD 21218 | Amount of Contribution (\$) \$1.36 |
| Principal occupation / Job title (See Instructions) Systems Engineer | | Employer (See Instructions) AURA |
| Date 03/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael Contributor address; City; State; Zip Code Baltimore, MD 21218 | Amount of Contribution (\$) \$1.36 |
| Principal occupation / Job title (See Instructions) Systems Engineer | | Employer (See Instructions) AURA |
| Date 04/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael Contributor address; City; State; Zip Code Baltimore, MD 21218 | Amount of Contribution (\$) \$1.36 |
| Principal occupation / Job title (See Instructions) Systems Engineer | | Employer (See Instructions) AURA |
| Date 05/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael Contributor address; City; State; Zip Code Baltimore, MD 21218 | Amount of Contribution (\$) \$1.36 |
| Principal occupation / Job title (See Instructions) Systems Engineer | | Employer (See Instructions) AURA |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/19 |
| 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 06/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21218 | 7 Amount of Contribution (\$) \$1.36 |
| 8 Principal occupation / Job title (See Instructions) Systems Engineer | | 9 Employer (See Instructions) AURA |
| Date 04/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise County Democratic Party <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zucco, frank <hr/> Contributor address; City; State; Zip Code castle rock, CO 80104 | Amount of Contribution (\$) \$3.83 |
| Principal occupation / Job title (See Instructions) Sales Manager | | Employer (See Instructions) Wanco Inc. |
| Date 02/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zucco, frank <hr/> Contributor address; City; State; Zip Code castle rock, CO 80104 | Amount of Contribution (\$) \$3.83 |
| Principal occupation / Job title (See Instructions) Sales Manager | | Employer (See Instructions) Wanco Inc. |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 8/19 | 2 FILER NAME Culbert, Katherine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 01/12/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/19/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$0.06 | Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/26/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$0.36 | Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 9/19 | 2 FILER NAME Culbert, Katherine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 02/02/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/16/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$0.06 | Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/23/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$0.16 | Payee name ActBlue Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 10/19 | 2 FILER NAME Culbert, Katherine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 03/02/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/16/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue | | |
| Amount (\$) \$0.60 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/30/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue | | |
| Amount (\$) \$0.99 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 11/19 | 2 FILER NAME Culbert, Katherine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 04/13/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$20.75 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/20/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue | | |
| Amount (\$) \$0.60 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue | | |
| Amount (\$) \$0.99 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 12/19 | 2 FILER NAME Culbert, Katherine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 05/18/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.06 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/01/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue | | |
| Amount (\$) \$0.99 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/15/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue | | |
| Amount (\$) \$0.06 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/6 Rpt: 13/19 | 2 FILER NAME Culbert, Katherine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 Date 06/29/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 1/6 Rpt: 14/19 | 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 CREDIT CARD ISSUER | Name of financial institution Capital One | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$15.35 | (b) Date of Charge 01/02/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$14.99 | (b) Date of Charge 01/27/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name iPostal1, LLC | | (b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office Expense |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$22.69 | (b) Date of Charge 01/27/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Wix | | (b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 2/6 Rpt: 15/19 | 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$14.35 | (b) Date of Charge 02/03/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$14.99 | (b) Date of Charge 02/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name iPostal1, LLC | | (b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office Expense |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$22.86 | (b) Date of Charge 02/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name wix | | (b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 3/6 Rpt: 16/19 | 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$7.68 | (b) Date of Charge 03/03/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$14.99 | (b) Date of Charge 03/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name iPostal1, LLC | | (b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office Expense |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$22.76 | (b) Date of Charge 03/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Wix | | (b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 4/6 Rpt: 17/19 | 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$7.68 | (b) Date of Charge 04/02/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$14.99 | (b) Date of Charge 04/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name iPostal1, LLC | | (b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office Expense |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$38.55 | (b) Date of Charge 04/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Wix | | (b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 5/6 Rpt: 18/19 | 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$7.68 | (b) Date of Charge 05/02/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$14.99 | (b) Date of Charge 05/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name iPostal1, LLC | | (b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office Expense |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$38.81 | (b) Date of Charge 05/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Wix | | (b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 6/6 Rpt: 19/19 | 2 FILER NAME Culbert, Katherine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00088068 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$7.68 | (b) Date of Charge 06/02/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$14.99 | (b) Date of Charge 06/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name iPostal1, LLC | | (b) Payee address; City, State, Zip Code 400 Rella Blvd, Suite 206 Montebello, NY 10901 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office Expense |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$38.94 | (b) Date of Charge 06/26/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Wix | | (b) Payee address; City, State, Zip Code 500 Terry A Francois Blvd 6th floor San Francisco, CA 94158 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |