FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 19 00088068 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Katherine NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Culbert CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1919 Taylor St. #1670 Suite F MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77007 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lou NAME NICKNAME LAST **SUFFIX** Weaver STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1609 Castle Ct. #1 **ADDRESS** (Residence or Business) Houston, TX 77006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 265-0342 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

01/01/2025

Year

Year

Х

Month

Month

PERIOD

10 ELECTION

11 OFFICE

COVERED

8th day before election

THROUGH

Primary

General

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2025

12 OFFICE SOUGHT (if known)

Railroad Commissioner

reporting limit

Final Report (Attach C/OH-FR)

Year

Other

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Culbert, Katherine (M	s.)	14 Filer ID (i 00088068	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made w I officeholders are required to report this info	ithout the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	TEE TYPE COMMITTEE NAME						
_	GENERAL							
	CDECIFIC	COMMITTEE ADDRESS						
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	LOANS)	\$ 921.07				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 364.61				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 5,963.25				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAI TING PERIOD	NS AS OF THE LAST DAY	\$ 20,000.00				
17 AFFIDAVIT				-				
			penalty of perjury, that the accudes all information required to code.					
		Signo	Ms. Katherine Culbert ture of Candidate or Officehold	dor				
		Signa	ture of Carididate of Officeriol	iei				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid		day				
of	, 20, to co	ertify which, witness my hand and seal of office	ce.					
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			
	Katherine (Ms.)	19 Filer ID 00088068	(Ethics Com	nmission Filers)			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	921.07				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29.64			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	334.97			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instruc	ction Guide explains how	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/19			
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	n Filers)
4	Date 04/08/2025			7	Amount of Contribution (\$)	\$25.25	
8	Principal occu Not Employe	pation / Job title (See Instructions	s) <u></u> 9	B Employer (See Instructions Not Employed	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/20/2025 Carmichael, Harold Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5.00		
	Dallas, TX 75226 Principal occupation / Job title (See Instructions) Art Director Employer (See Instruction TPN			<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00	
	Principal occu	Katy, TX 77449 pation / Job title (See Instructions	5)	Employer (See Instructions	 - S)		
	Managing Pa	artner		Trenton Hoyt LLC			
01/09/2025 Har Con		Full name of contributor Harrison, Paul Contributor address; City; S Austin, TX 78748	Paul r address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
	Principal occu Product Man	pation / Job title (See Instructions nager	5)	Employer (See Instructions Dosespot	5)		
	Date 01/28/2025	Full name of contributor Lahey, Marieke Contributor address; City; S Houston, TX 77006	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions	5)	Employer (See Instructions ExxonMobil	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/19	
2	FILER NAME Culbert, Kath	nerine (Ms.)			3	Filer ID (Ethics Commission 00088068	Filers)
4	Date 02/28/2025			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu		<u>''</u>				
•	Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions ExxonMobil	»)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/28/2025 Lahey, Marieke Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00
	Houston, TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Engineer Exxon				ExxonMobil			
Date Full name of contributor out-of-state F 04/28/2025 Lahey, Marieke Contributor address; City; State; Zip Code		Lahey, Marieke)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77006					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions ExxonMobil	5)		
Date 05/28/2025		Full name of contributor out-of-state PAC (ID#:) Lahey, Marieke Contributor address; City; State; Zip Code Houston, TX 77006				Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions ExxonMobil	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_Lahey, Marieke Contributor address; City; State; Zip Code Houston, TX 77006				Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions ExxonMobil	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/19			
2	FILER NAME Culbert, Kath	erine (Ms.)			3	Filer ID (Ethics Commission 00088068	Filers)		
4	Date 01/14/2025	D1/14/2025 Robinson, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.36			
8	Principal occur	Baltimore, MD 21218 pation / Job title (See Instructions)	9	Employer (See Instructions)				
•	Systems Eng			AURA	,				
	Date 02/14/2025					Amount of Contribution (\$)	\$1.36		
	Dringing aggr	Baltimore, MD 21218							
	Principal occupation / Job title (See Instructions) Systems Engineer Employer (See Instructions) AURA)				
	Date Full name of contributor out-of- 03/14/2025 Robinson, Michael Contributor address; City; State; Zip C		out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1.36		
		Baltimore, MD 21218							
	Principal occu Systems Eng	pation / Job title (See Instructions) pation / Job title (See Instructions)		Employer (See Instructions AURA)				
Date 04/14/2025		Full name of contributor Robinson, Michael Contributor address; City; State Baltimore, MD 21218		Amount of Contribution (\$)	\$1.36				
	Principal occu Systems Eng	pation / Job title (See Instructions) pineer		Employer (See Instructions AURA)				
	Date 05/14/2025	Full name of contributor Robinson, Michael Contributor address; City; State Baltimore, MD 21218	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.36		
	Principal occu Systems Eng	pation / Job title (See Instructions)		Employer (See Instructions)				
	Systems Eng			,,,,,,,					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/19	
2	FILER NAME Culbert, Kath	nerine (Ms.)		3	Filer ID (Ethics Commission Filers 00088068)
4	Date 06/14/2025			Amount of Contribution (\$) \$:	1.36	
_	Dringing Loggy		0 Employer (See Instructions	_		
8	Systems En	pation / Job title (See Instructions) gineer	9 Employer (See Instructions AURA	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/10/2025 Wise County Democratic Party Contributor address; City; State; Zip Code Decatur, TX 76234				Amount of Contribution (\$) \$200).00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#: zucco, frank Contributor address; City; State; Zip Code			Amount of Contribution (\$)	3.83
	Dringing aggr	castle rock, CO 80104	Employer (See Instructions	<u></u>		
	Sales Manag	pation / Job title (See Instructions) ger	Employer (See Instructions Wanco Inc.	·)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$:	3.83	
	•	castle rock, CO 80104 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Sales Manaç	jer	Wanco Inc.			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 1/6 Rpt: 8/19	FILER NAME Culbert, Katherine (Ms.)	3	Filer ID 00088068	(Ethics Commission Filers)
4	Date 01/12/2025	5 Payee name ActBlue	•		
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer St			
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b)	=	tside of Texas. Comp	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H		Office he	eld
	Date 01/19/2025	Payee name ActBlue			
	Amount (\$) \$0.06	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144			
	PURPOSE OF EXPENDITURE			tside of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 01/26/2025	Payee name ActBlue			
	Amount (\$) \$0.36	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		tside of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld

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

Printing Expense Travel C
Salaries/Wages/Contract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete 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 Coo 366 Summer St	de	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou(ght	Office held
	Date 02/16/2025	Payee name ActBlue		
	Amount (\$) \$0.06	Payee address; City; State; Zip Coo 366 Summer St Somerville, MA 02144	de	
	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 02/23/2025	Payee name ActBlue		
	Amount (\$) \$0.16	Payee address; City; State; Zip Coo 366 Summer St	de	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 3/6 Rpt: 10/19	: 2 FILER NAME Culbert, Katherine (Ms.) 3 Filer ID 000880	(Ethics Commission Filers)
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 Check if travel outside of Texas Check if Austin, TX, officeholde fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ce held
	Date 03/16/2025	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 Check if travel outside of Texas Check if Austin, TX, officeholde fee	
	Complete ONLY if direct expenditure to benefit C/O		ce held
	Date 03/30/2025	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 Check if travel outside of Texas Check if Austin, TX, officeholde	
	Complete ONLY if direct expenditure to benefit C/O		ce held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 4/6 Rpt: 11/19	Culbert, Katherine (Ms.) 00088068
4	Date	5 Payee name
	04/13/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.75	366 Summer St
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fee
_	Operation ONLY if all and	On did to 10 ff as hald a grant Off as a south
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	04/20/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	366 Summer St
		Somerville, MA 02144
	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
		fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/04/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	, -	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 5/6 Rpt: 12/19	Culbert, Katherine (Ms.)			00088068	
4	Date	5 Payee name				
_	05/18/2025	ActBlue				
6	Amount (\$) \$0.06	7 Payee address; City; State; Zip Code 366 Summer St				
	Ψ0.00	300 Summer St				
		Somerville, MA 02144				
8	PURPOSE		Description			
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Fees		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		<u> </u>	n, TX	, officeholder living	gexpense
			fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ald
9	expenditure to benefit C/OI				Office fie	siu .
	Date	Payee name				
	06/01/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	366 Summer St				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Fees	=		ide of Texas. Com , officeholder living	
			fee	11, 17	, omeender ning	, expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	06/15/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.06	366 Summer St				
		Comondillo MA 02144				
	PURPOSE	Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if trave	l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	1663			, officeholder living	
			fee			
	Complete ONLY if alias -t	Condidate/Officeholder name			Office	old.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eiu
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe	ense pense ages/Contract Labor		Travel in District Travel Out of Dis	trict category not listed above)
	Credit Card Payment			The Instruction Guide explain	s how to com	nplete this form.			
1	Total pages Schedule F1: Sch: 6/6 Rpt: 13/19	2		E atherine (Ms.)			3	Filer ID 00088068	(Ethics Commission Filers)
4	Date	5	Payee name	<u> </u>					
	06/29/2025		ActBlue						
<u>ــ</u>	Amount (\$)	 	Payee addre	ess; City; Stat	e; Zip Cod	le			
ľ	\$0.99	ľ	366 Summ		e, zip cou	ie			
	Ф0.99		300 Sullill	iei Si					
			Somerville	, MA 02144					
8	PURPOSE	(a	Category (S	See Categories listed at the top of this so	chadula) ((b) Description			
	OF	l`	Fees	see categories listed at the top of this si	Sileddie)		l outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austi	in, TX	, officeholder living	expense
						fee			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	Office soug	ht		Office he	eld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica	-		aries/Wages/Contract Labor	OTHER (enter a categor	ory not listed at	bove)	
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:				1	3 Filer ID (Ethics Commission Filers)		
Sch: 1/6 Rpt: 14/19	Culbert, Katherine ((Ms.)		00088068			
4 CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZE	1 ·			
ISSUER	Capit	al One	EXPENDITURES CHARGED TO A CRED	, _{iT} \$			
			CARD	"'			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$15.35	01/02/2025					
	Ψ13.55	01/02/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(a) · ayee ··a···e		1600 Amphitheatre Pkw		Otalo,	p	
	Google		1000 / imprimited in Kwy				
			Mountain View, CA 940	//3			
8 PURPOSE OF	(a) Category		(b) Description	43			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Software				
X Political	Office Overhead/Rent	tal Expense	Contivare				
l <u> </u>			<u> </u>				
Non-Political	<u> </u>	of Texas. Complete Schedule T.		TX, officeholder living ex	cpense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$14.99	01/27/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			400 Rella Blvd, Suite 20	06			
iPostal1, LLC							
		Montebello, NY 10901					
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office Expense				
X Political	Office Overflead/Refin	ai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	<pre>cpense</pre>		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$22.69	01/27/2025					
	Ψ22.03	01/21/2023					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	(-))		500 Terry A Francois B		,		
	Wix		6th floor	· Vu			
			San Francisco, CA 941	58			
PURPOSE OF	(a) Category		(b) Description	30			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Software				
X Political	Office Overhead/Rent	tal Expense	25				
I =	L		<u> </u>				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct							
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Officeriolide//Folitica		ruction Guide explains how	to complete		TIEN (elitel a categor	y not iisted a	bove)
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
Sch: 2/6 Rpt: 15/19	Culbert, Katherine	00088068			,		
4 CREDIT CARD ISSUER	· · ·		EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	· Paid		
	\$14.35	02/03/2025					
7 PAYEE	(a) Payee name Google			nphitheatre Pkwy	City,	State,	Zip Code
0 PUPPOS 05	(a) Cataman			n View, CA 94043	1		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip Software	•			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$14.99	02/26/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	iPostal1, LLC		400 Rella	a Blvd, Suite 206			
			Montebe	llo, NY 10901			
PURPOSE OF	(a) Category	of this schodule)	(b) Descrip	•			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Ren		Office Ex	kpense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$22.86	02/26/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
			500 Terr	y A Francois Blvd			
	wix		6th floor				
			San Frar	ncisco, CA 94158			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descrip	•			
<u> </u>	Office Overhead/Rental Expense		Software	•			
X Political							
Non-Political				Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 3/6 Rpt: 16/19	Culbert, Katherine ((Ms.)	00088068				
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$7.68	03/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Google	Google 1600 Amphitheatre Pkwy					
			Mountain View, CA 9404	3			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$14.99	03/26/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	iPostal1, LLC		400 Rella Blvd, Suite 206				
			Montebello, NY 10901				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office Expense				
X Political		<u></u>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$22.76	03/26/2025					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code			
			500 Terry A Francois Blvd				
	Wix 6th floor						
			San Francisco, CA 94158				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Software				
X Political	Jince Overneau/Rein	iai Eypense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	c, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
· .							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 4/6 Rpt: 17/19	Culbert, Katherine (Ms.)			00088068			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$7.68	04/02/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Google 1600 Amphitheatre Pkwy						
Ļ	DUDDOOF OF	(a) Catagony			View, CA 94043			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Software	1011			
	X Political	Office Overhead/Rent	tal Expense	Johnware				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH		T					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$14.99	04/26/2025					
PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		iPostal1, LLC		400 Rella	Blvd, Suite 206			
				Montebello	o, NY 10901			
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descript				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office Expense				
	X Political		•					
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$38.55	04/26/2025					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l				500 Terry A Francois Blvd				
		Wix		6th floor				
L				San Franc	isco, CA 94158			
	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Software				
	X Political	olitical Expense						
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 5/6 Rpt: 18/19	Culbert, Katherine ((Ms.)	00088068					
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$7.68	05/02/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Google		1600 Amphitheatre Pkwy	,				
			Mountain View, CA 9404	3				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		Software					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$14.99	05/26/2025						
PAYEE (a) Payee name		(b) Payee address;	City, State, Zip Code					
	iPostal1, LLC		400 Rella Blvd, Suite 206	5				
			Montebello, NY 10901					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	c, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$38.81	05/26/2025						
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code				
			500 Terry A Francois Blv	d				
	Wix		6th floor					
			San Francisco, CA 94158					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Software					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 6/6 Rpt: 19/19	Culbert, Katherine (Ms.)			00088068		
4 CREDIT CARD ISSUER	see previous EXPE		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$7.68	06/02/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Google		1600 Amphitheatre Pkwy			
			Mountain View, CA 94043	3		
8 PURPOSE OF	(a) Category	601	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Software			
X Political		iai Exponed				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$14.99	06/26/2025				
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	iPostal1, LLC		400 Rella Blvd, Suite 206			
			Montebello, NY 10901			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Office Expense			
X Political	Office Overhead/Rent	lai Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$38.94	06/26/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
		500 Terry A Francois Blvd	d			
Wix		6th floor				
			San Francisco, CA 94158	3		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Software			
X Political	Janes Overneau/Nem					
Non-Political	(c) Check if travel outside	, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						