

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00089001		2 Total pages filed: 32		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Kathryn Lanigan	MI MI	Date Received ELECTRONICALLY FILED 07/16/2025	
	NICKNAME	LAST Pruitt	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day Year 06/30/2025		

6 EXPLANATION OF CORRECTION

Expenditures to Frisco Gun Club for personal safety as a judicial officer were not identified as to be reimbursed to Judge Pruitt.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Kathryn Lanigan Pruitt

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089001	2 Total pages filed: 32																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Kathryn Lanigan</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Kathryn Lanigan	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2025																		
	MS / MRS / MR The Honorable	FIRST Kathryn Lanigan	MI																					
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Pruitt</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Pruitt	SUFFIX																				
NICKNAME	LAST Pruitt	SUFFIX																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount																			
	Receipt #	Amount																						
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST George</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mr.	FIRST George	MI																			
	MS / MRS / MR Mr.	FIRST George	MI																					
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Parker</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Parker	SUFFIX																				
NICKNAME	LAST Parker	SUFFIX																						
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>																								
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>																							
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 225-6766																							
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)													
<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	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>01/01/2025</td> <td></td> <td></td> <td></td> <td>06/30/2025</td> </tr> </table>			Month	Day	Year		Month	Day	Year				THROUGH						01/01/2025				06/30/2025
Month	Day	Year		Month	Day	Year																		
			THROUGH																					
		01/01/2025				06/30/2025																		
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 03/03/2026 </td> <td style="width: 60%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special																			
ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special																							
11 OFFICE	OFFICE HELD (if any) District Judge District 494 Collin		12 OFFICE SOUGHT (if known) District Judge District 494																					

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 32

13 C / OH NAME Pruitt, Kathryn Lanigan (The Honorable)	14 Filer ID (Ethics Commission Filers) 00089001
---------------------------------------------------------------	-----------------------------------------------------------

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)	\$ 59,464.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,422.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 91,140.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

The Honorable Kathryn Lanigan Pruitt

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 oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

4 of 32

18 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		19 Filer ID 00089001	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	59,464.37
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	9,500.00
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	12,731.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	9,690.80
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	172.50
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/16 Rpt: 5/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albin Oldner Law <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong Divorce and Family Law, PLLC <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$1,562.81
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailes & Co., P.C. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$1,041.98
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/16 Rpt: 6/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balkian Hayes PLLC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-2166	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruneman Law PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$250.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coulter, Leah <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm O'Neil Wysocki PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/16 Rpt: 7/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowles & Thompson, P.C. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75202	7 Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffee-Eitzen, LLP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) <div style="text-align: right;">\$2,500.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein Family Law, P.C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-8099	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/16 Rpt: 8/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin Bowman PC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201-3499	7 Amount of Contribution (\$) <div style="text-align: right;">\$2,500.00</div>
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goranson Bain, PLLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Whitney <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Carrington, Coleman, Sloman & Blumenthal, L.L.P		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/16 Rpt: 9/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Rose & Crozier 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanshaw Kennedy Hafen, LLP Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier's Gourmet Mexicano Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/16 Rpt: 10/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer S. Hargrave, P.C. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie L. Lewis, P.C. Family Law <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KoonsFuller, PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/16 Rpt: 11/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Courtney L. Schmitz <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Passons & Darnell PC <hr/> Contributor address; City; State; Zip Code Denton, TX 76201	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa G. Garza, PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/16 Rpt: 12/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons & Simmons, LLP <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcontell, Kelly <hr/> Contributor address; City; State; Zip Code Westlake, TX 76262	Amount of Contribution (\$) \$156.56
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor
Contributor's employer/law firm Marcontell and Gilchrest Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcontell, Kelly <hr/> Contributor address; City; State; Zip Code Westlake, TX 76262	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor
Contributor's employer/law firm Marcontell and Gilchrest Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/16 Rpt: 13/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Neal Family Law, PLLC <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75069	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCathern, PLLC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure Law Group, PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/16 Rpt: 14/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGilberry & Shirer LLP <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Method Forensics, LLC <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Family Law, P.C. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/16 Rpt: 15/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Drug Screening, LLC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75287	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil Wysocki PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsinger, Nelson, Downing & Anderson L.L.P. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/16 Rpt: 16/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perfect Process <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75379-6398	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfister Family Law <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pittenger, Nuspl & Crumley, PLLC <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/16 Rpt: 17/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plunk Smith PLLC <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Real Property Receivership Services <hr/> Contributor address; City; State; Zip Code Double Oak, TX 75077	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Walsh & Beard <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$2,604.48
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/16 Rpt: 18/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheef & Stone, L.L.P. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Christy <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$156.56
Contributor's Principal Occupation Counselor		Contributor's Job Title Counselor and Forensic Evaluator
Contributor's employer/law firm Christy Bradshaw Schmidt, MA, LPC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon M. Ramage P.C. <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/16 Rpt: 19/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Hannah Clare Stroud, PLLC <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Lawyers Receivership Group <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,041.98
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Mehryari Firm <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/16 Rpt: 20/32
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Suster Law Group, PLLC <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrall, Janet <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-6865	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor
Contributor's employer/law firm Coldwell Banker Apex		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Family Law Firm, P.C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 1/2 Rpt: 21/32	
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 06/25/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borserine Law, PLLC <hr/> 7 Pledgor Address; City; State; Zip Code Frisco, TX 75034-0305	8 Amount of pledge (\$) \$500.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 06/25/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connatser Family Law <hr/> Pledgor Address; City; State; Zip Code Dallas, TX 75219	Amount of pledge (\$) \$5,000.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind description (If applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 06/25/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman & Feiger, LLP <hr/> Pledgor Address; City; State; Zip Code Dallas, TX 75252	Amount of pledge (\$) \$1,000.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind description (If applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 2/2 Rpt: 22/32	
2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001	
4 TOTAL OF UNITEMIZED PLEDGES			\$ 0.00
5 Date 06/23/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Schorsch & Associates, PC <hr/> 7 Pledgor Address; City; State; Zip Code Dallas, TX 75206	8 Amount of pledge (\$) \$500.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 06/25/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller Family Law, Inc. <hr/> Pledgor Address; City; State; Zip Code Dallas, TX 75219-2354	Amount of pledge (\$) \$2,500.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind description (If applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

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: 1/3 Rpt: 23/32	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/30/2025	5 Payee name Anedot, Inc.	
6 Amount (\$) \$1,268.67	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card donation processing fees 06/13/2025 - 06/30/2025
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2025	Payee name Collin County Republican Party	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 8416 Stacy Road, Suite 100 McKinney, TX 75070-2148	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate advertising/campaign table at 2025 Lincoln Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name Conner Harrington Republican Women PAC	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO BOX 865104 Plano, TX 75086-5104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 24/32	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 03/22/2025	5 Payee name Pruitt, Kathryn (The Honorable)	
6 Amount (\$) \$2,251.14	7 Payee address; City; State; Zip Code 9201 Warren Parkway Suite 200 Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenses paid with personal funds 1/31/2025 - 3/22/2025.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2025	Payee name Pruitt, Kathryn L. (The Honorable)	
Amount (\$) \$6,837.52	Payee address; City; State; Zip Code 9201 Warren Parkway Suite 200 Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign expense - Javier's Fundraiser 6/25/25
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Pruitt, Kathryn L. (The Honorable)	
Amount (\$) \$602.14	Payee address; City; State; Zip Code 9201 Warren Parkway Suite 200 Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for campaign expenses paid w/personal funds - campaign table poster, handbills
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 25/32	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/30/2025	5 Payee name Pruitt, Kathryn L. (The Honorable)	
6 Amount (\$) \$172.50	7 Payee address; City; State; Zip Code 9201 Warren Parkway Suite 200 Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Handgun training for personal safety as judicial officer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Wofford, Michelle	
Amount (\$) \$950.00	Payee address; City; State; Zip Code 6866 Livorno Lane Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookeeping, web design, advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Wofford, Michelle	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 6866 Livorno Lane Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/6 Rpt: 26/32		2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001	
4 Date 03/22/2025		5 Payee name Amazon			
6 Amount (\$) \$97.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 410 Terry Ave., North Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Personalized Emery Boards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/22/2025		Payee name Amazon			
Amount (\$) \$37.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Ave., North Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy & bowls for campaign table	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/22/2025		Payee name Amazon			
Amount (\$) \$29.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Ave., North Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for campaign table	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/6 Rpt: 27/32		2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001	
4 Date 03/28/2025		5 Payee name Amazon			
6 Amount (\$) \$25.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 410 Terry Ave., North Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tablecloths for campaign table	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/28/2025		Payee name Amazon			
Amount (\$) \$21.64 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Ave., North Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Star Pens for campaign table	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/29/2025		Payee name Amazon			
Amount (\$) \$18.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Ave., North Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for campaign table	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/6 Rpt: 28/32	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 01/31/2025	5 Payee name Capitol Visitors Garage	
6 Amount (\$) \$6.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1201 San Jacinto Blvd. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Governor's Appointee Seminar
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$5.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name Capitol Visitors Garage Payee address; City; State; Zip Code 1201 San Jacinto Blvd. Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for State of Judiciary Address
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Collin County Republican Party	
Amount (\$) \$309.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2963 West 15th Street, Ste. 2981 Plano, TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lincoln Day Dinner tickets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/6 Rpt: 29/32	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 03/29/2025	5 Payee name FedEx	
6 Amount (\$) \$506.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8290 State Highway 121 Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign fundraising sponsorship poster
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/22/2025	Payee name Golfballs.com	
Amount (\$) \$530.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 126 Arnould Boulevard Lafayette, LA 70506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Personalized Golf Balls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2025	Payee name Javier's Gourmet Mexicano	
Amount (\$) \$6,837.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4912 Cole Avenue Dallas, TX 75205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 5/6 Rpt: 30/32		2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00089001	
4 Date 02/26/2025		5 Payee name Pruitt, Kathryn (The Honorable)			
6 Amount (\$) \$308.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9201 Warren Parkway Suite 200 Frisco, TX 75035			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement - travel to attend State of Judiciary Address	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/01/2025		Payee name Pruitt, Kathryn (The Honorable)			
Amount (\$) \$308.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9201 Warren Parkway Suite 200 Frisco, TX 75035			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement - travel to attend Governor's Appointee Seminar	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/23/2025		Payee name Republican Women of Greater North Texas			
Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 2353 Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 6/6 Rpt: 31/32	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 03/01/2025	5 Payee name SquareSpace	
6 Amount (\$) \$34.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Domain name expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$294.22 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name SquareSpace Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Website fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/01/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$292.13 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name The Driskill Payee address; City; State; Zip Code 604 Brazos Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Attending Governor's Appointee Leadership Seminar
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Pruitt, Kathryn Lanigan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00089001
4 Date 06/01/2025	5 Payee name Frisco Gun Club	
6 Amount (\$) 125.00	7 Payee Address; City; State; Zip 6565 Eldorado Pkwy Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Handgun Training Class	(b) Description (See instructions regarding type of information required.) Handgun Training Class for safety as a judicial officer - REIMBURSEMENT INTENDED to Judge
Date 06/22/2025	Payee name Frisco Gun Club	
Amount (\$) 47.50	Payee Address; City; State; Zip 6565 Eldorado Pkwy Frisco, TX 75033	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) License to Carry Class	(b) Description (See instructions regarding type of information required.) Handgun safety and LTC for personal safety as a judicial officer - Reimbursement Intended to KLP.