CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00041354		146			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	Lois W.			07/31/2025	
		NICKNAME	LAST		SUFFIX		
_			Kolkhorst			Date Hand-delivered or	Date Postmarked
4	ORIGINAL REPORT TYPE	X January 15	Runoff	Other (s	pecify)		_
	-	July 15	Exceeded modified			Receipt #	Amount
		30th day before election	15th day after campappointment (office			Date Processed	
		8th day before election	Final Report (Attacl	h C/OH-FR)		Date Flocesseu	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
	COVERED	07/01/2024	THROUGH	12/31/2024			
6	EXPLANATION OF C	ORRECTION					
		orrect date is 12.13.2024. Iformation contained in the			9		
7	AFFIDAVIT		and	ear, or affirm, under po correct. eck the box next to any	, , , ,		report is true
			X	Semiannual reports was made in good fa misrepresent the info	aith and without	an intent to mislead	
			X	Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	the 14th busines ginally filed is ina t any error or om	ss day after the date accurate or incompl	e I learned ete. I
				The F	Ionorable Lois	W. Kolkhorst	
	VEEIA NOLVEA	AMP / SEAL ABOVE		Signatu	ire of Candidate	or Officeholder	
	AFFIA NUTAKT ST	AIVIT / SEAL ABUVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	e.		
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th T	Title of officer admin	istering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00041354		2 Total pages fi	led: 46
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Lois W.			Date Received	
10 000					ELECTRONIC.	ALL V EIL ED
					07/31/2025	ALLITILLD
	NICKNAME	LAST		SUFFIX	07/31/2025	
		Kolkhorst				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 2546					
ADDRESS					Receipt #	Amount
Change of Address	Brenham, TX 77834				2 . 2	
	,				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mr.	Robert F.				
NAME						
	NICKNAME	LAST		SUFFIX		
	MONIVIL	Mikeska		301117		
		WIINCSKA				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EASE):		T / SUITE #; CITY;	97.	ATE; ZIP CODE
TREASURER	1401 Victoria St.	, BOX FLEASE),	AF	1/3011E#, CITT,	31/	ATE, ZIF CODE
ADDRESS	1401 VICIONA St.					
(Residence or Business)						
	Brenham, TX 77833					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(979) 830-9171					
PHONE	(0.0) 000 02.2					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff		mpaign treasurer
		- -			appointment (off	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
• 555105	<u> </u>					
9 PERIOD COVERED	Month Day Year	TL	JDOLICH	Month Day	Year	
OOVERLED	07/01/2024	11-	HROUGH	12/31/202	4	
40 51 5071001	EL FOTION DATE			EL FOTION TYPE		
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	World Day Teal		-		Liounei	
		G	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Senator District 18			State Senator Di	strict 18	
		GO T	O PAGE 2			
		00 1	O I AGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 146

13 C / OH NAME	Kolkhorst, Lois W. (T	14 Filer ID (I 00041354	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	\$ 50.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 829,538.45
EXPENDITURE TOTALS		\$ 1,042.42		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 152,534.69
CONTRIBUTION BALANCE	REPORTING PE			\$ 3,165,300.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Heave		
			rable Lois W. Kolkhor Candidate or Officehold	
		Signature of		
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 146

				4 of 146
18 FILER NAME Kolkhorst, Loi	is W. (The Honorable)	19 Filer ID 00041354	(Ethics Commiss	sion Filers)
20 SCHEDULE SUNAME OF SCH			SUBTOTAL	. AMOUNT
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	824,225.00
2. X SO	\$	5,313.45		
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SC	CHEDULE E: LOANS		\$	
5. X SC	\$	146,135.23		
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	300,000.00
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	7,185.43
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR SILER	RETURNED	\$	52,291.80
			•	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/67 Rpt: 5/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Austin, TX 78768-4609 pation / Job title (See Instructions)	Employer (See Instructions			
Ŭ	i illopai occa	sation, cop title (occ instructions)	2 Employer (See Matractions	,		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: ACT For Texas Classroom Teachers Association Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	i illopai occa	sation, cop title (occ instructions)	Employer (See mandenons	,		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ACTION BEHAVIOR CENTER TEXAS PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$7,500.00
		AUSTIN, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_AT & T Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/20/2024	Full name of contributor x out-of-state PAC (ID#: CADDOTTION Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code Abbott Park, IL 60064-6001)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/67 Rpt: 6/146	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)				00041354	
4	Date 10/15/2024	5 Full name of contributor Abouleish, Amr	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; Sta Houston , TX 77059	ate; Zip Code				
8	Principal occu	I pation / Job title (See Instructions)) 9	Employer (See Instructions	<u>l</u> 5)		
	Doctor	(University of Texas Med		l Branch	
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Π	Amount of Contribution (\$)	
	12/05/2024	Ahlberg, Trevor L.	UI out-oi-state PAC (ID#)		Amount of Contribution (\$)	\$5,000.00
	12/03/2024		ato: Zin Codo				Ψ5,000.00
		Contributor address; City; Sta	ale, Zip Code				
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	President			Cottonwood Financial M	lan	agement, Inc.	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/15/2024	Aiena, Lane	_				\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Huntsville, TX 77320					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions			
	Doctor			Huntsville Family Praction	ce_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Allen Boone Humphries R	obinson LLP				\$2,500.00
		Contributor address; City; Sta	ate; Zip Code				
	D: : 1	Houston, TX 77027			<u></u>		
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
					_		
	Date		x out-of-state PAC (ID#: C00			Amount of Contribution (\$)	
	09/11/2024	Altria Group, Inc. Political		PAC			\$2,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Washington , DC 20001					
	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	:) 		
	i ililoipai occu	padon / Job due (Jee maductions)	′	Employer (See manuchons	•)		

	MONEI	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/67 Rpt: 7/146	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)			00041354	
4	Date 10/22/2024	 Full name of contributor	C00040535)	7	Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20004				
•	Dringinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·/		
0	Fillicipal occu	pation 7 300 title (See Instructions)	Employer (See instructions	')		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#0.000.00
	12/05/2024	American Pharmacy, Inc. GPAC				\$3,000.00
		Contributor address; City; State; Zip Code				
	Corpus Christi TV 70401					
		Corpus Christi, TX 78401		<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00066472)		Amount of Contribution (\$)	
	10/21/2024 American Property Casualty Insurance Association PAC. Contributor address; City; State; Zip Code					\$1,000.00
		Chicago , IL 60631-3512				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date	Full name of contributor X out-of-state PAC (ID#:	C000251876)		Amount of Contribution (\$)	
	11/25/2024	Amgen Inc. Political Action Committee				\$2,000.00
		Contributor address; City; State; Zip Code				
		Thousand Oaks, CA 91320				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Data	Full name of contributor uut-of-state PAC (ID#:	, 1		Amount of Contribution (\$)	
	Date 12/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
	12/09/2024	-				Φ1,000.00
		Contributor address; City; State; Zip Code				
		Misseapolis, MN 55424				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	President		Sevilla	•		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/67 Rpt: 8/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Florence , AL 35634 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ü	·	anagment Committee		TNT Fireworks	"		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID Anderson , Terry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Florence , AL 35630					
	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions TNT Fireworks	s)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID Associated General Contractors of Texas - PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IDBROCK II, RALPH Contributor address; City; State; Zip Code KATY, TX 77494				Amount of Contribution (\$)	\$500.00
	Principal occu ORTHODON	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 11/18/2024	Full name of contributor	#: <u>C1</u>	17838)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/67 Rpt: 9/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/23/2024	5 Full name of contributor [Beef-PAC6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	19	Employer (See Instructions) 		
Ĭ	i illoipai oooa	panon, dos uno (eco mondono)	ľ	Employer (eee meadeliere	,		
	Date 12/04/2024	Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/16/2024	Full name of contributor [Bentke, Matthew Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$250.00
		Brenham, TX 77833					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Bluebonnet Electric Coo	•		
	Date 10/16/2024	Full name of contributor Bethea, Henry Contributor address; City; Sta The Woodlands, TX 77381	te; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Healthcar		Northwest	
	Date 12/04/2024	Full name of contributor Bilse, Brittani N. Contributor address; City; Sta Austin, TX 78759-7321)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 6/67 Rpt: 10/146
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Kolkhorst, Lo	ois W. (The Honorable)			00041354
4	Date 10/23/2024	5 Full name of contributorBing, Eric6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7 Amount of Contribution (\$) \$1,000.00
g	Principal occu	Houston , TX 77056 pation / Job title (See Instructions)	. Ic	Employer (See Instructions	
Ü	CEO	pation 7 300 title (See manachons,		The College of Health P	
		E. II. a constant a controllar de controllar	<u> </u>		
	Date 11/15/2024	Full name of contributor Blake, Gary Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$15,000.00
		Fort Worth, TX 76109			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)
	President, C	EO, Director		Creative Solutions In He	ealthcare, Inc.
	Date 12/06/2024	Full name of contributor Border Health PAC Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$35,000.00
		McAllen, TX 78504			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)
	Date 10/15/2024	Full name of contributor Bornstein, Sue (Dr.)	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$2,500.00
	10/13/2024	Contributor address; City; Sta	ate; Zip Code		. \$\psi_2,500.00\$
	Principal occu	pation / Job title (See Instructions)	,	Employer (See Instructions	<u></u>
	Physician			Texas Medical Home In	itiative
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/14/2024	Bourgeois, Keith Contributor address; City; Sta Houston , TX 77005	ate; Zip Code		\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	; s)
	Doctor			Downtown Eye Associa	tes
			·		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 7/67 Rpt: 11/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/23/2024	Boyer, Mark	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77064 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Managing Pr			Boyer, Inc	,		
	Date 12/13/2024	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Brannan & Associates)		
	Date	Full name of contributor	ut-of-state PAC (ID#:	brannan & 7.550ciates		Amount of Contribution (\$)	
	12/13/2024	Brannan, Ryan Contributor address; City; State; Zi				, and an established (v)	\$1,000.00
		Austin, TX 78701					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Brannan & Associates)		
	Date 12/04/2024	Full name of contributor on Dresnen, Steven Contributor address; City; State; Zites Austin, TX 78701	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Bresnen & Associates)		
	Date 12/14/2024	Full name of contributor x ou BrightSpring Legacy Fund PAC Contributor address; City; State; Zi Louisville, KY 40222		344663		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONEI	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this	forr	n.	1	Total pages Schedule A1: Sch: 8/67 Rpt: 12/146	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)				00041354	
4	Date 10/21/2024	 5 Full name of contributor out-of-state PAC (ID#: Bunger, Brent 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Houston , TX 77001 pation / Job title (See Instructions)	T _a	Employer (See Instructions)		
0	Real Estate	pation / 30b title (See Instructions)		Ilan Investments LLC)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Burns, John Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Houston, TX 77007-7707	_	Franksia (Caa kastuustiana			
	Bonding	pation / Job title (See Instructions)		Employer (See Instructions Burns Bail Bonds)		
	Date 10/24/2024	Full name of contributor)		Amount of Contribution (\$)	\$5,000.00
		Bellville, TX 77418					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions W. T. Byler Co - Gp, Inc			
	Date 10/18/2024	Full name of contributor X out-of-state PAC (ID#: CHUBB GROUP HOLDINGS Contributor address; City; State; Zip Code PHILADELPHIA , PA 19106	: CO(D348938)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#: CRAFTPAC (Independent Texas Brewers) Contributor address; City; State; Zip Code Austin, TX 78766	:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONEI	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 9/67 Rpt: 13/146	
2	FILER NAME				1	Filer ID (Ethics Commission	on Filers)
	Kolkhorst, Lo	ois W. (The Honorable)				00041354	
4	Date 10/15/2024	Full name of contributor Callewart, Craig Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$500.00
g	Principal occu	Dallas , TX 75225 pation / Job title (See Instructions)	lo	Employer (See Instructions			
0	Doctor	pation / 30b title (See matractions)		Dallas Spine Treatment		Surgery	
	Date 12/02/2024	Full name of contributor Cammack & Strong, P.C. Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		_	Amount of Contribution (\$)	\$750.00
	Dringing con	Austin, TX 78701-2114	-	Employer (Coo Instructions	<u>, </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/14/2024	Full name of contributor Carlo, John (Dr.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$250.00
		Dallas , TX 75228					
	•	pation / Job title (See Instructions)		Employer (See Instructions	•		
	Physician			Prism Health North Texa	as		
	Date 09/19/2024	Full name of contributor X Centene Corporation Politica Contributor address; City; State St. Louis, MO 63105		00397851)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 11/13/2024	Full name of contributor Charter Communications, Inc Contributor address; City; State Austin, TX 78701-5007)		Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 10/67 Rpt: 14/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/03/2024	 Full name of contributor x ou Chevron Employees PAC Contributor address; City; State; Zi 	rt-of-state PAC (ID#: <u>C00</u>	035006)	7	Amount of Contribution (\$)	\$2,000.00
_		San Ramon, CA 94583					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/09/2024	Full name of contributor ou Childs, Tilden (Dr.) Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76109					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas, PA	
	Date 12/13/2024	Full name of contributor ou Clay, Reed Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
		Austin , TX 78701	-				
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Crestline Group)		
	Date 12/13/2024	Clay, Reed)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Crestline Group)		
	Date 11/12/2024	Full name of contributor ou Coats, Rose, P.C. Political Action Contributor address; City; State; Zi Houston, TX 77046				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CON	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this for	m.	1	Total pages Schedule A1: Sch: 11/67 Rpt: 15/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/09/2024	 Full name of contributor out Collins, Jeff Contributor address; City; State; Zip 	t-of-state PAC (ID#: o Code		7	Amount of Contribution (\$)	\$500.00
•	Dringing Loon	Cypress, TX 77433	To.	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date Full name of contributor X out-of-state PAC (ID#: C00248716) 10/08/2024 Comcast Corporation & NBCUniversal PAC Contributor address; City; State; Zip Code Philadelphia PA 19103			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	Philadelphia, PA 19103 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:) Cone, Michael M. Contributor address; City; State; Zip Code Houston, TX 77024				Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions)		Employer (See Instructions Tri-C Resources, Inc.)		
	Oil and Gas Exploration Engineer Date Full name of contributor out-of-state PAC (ID#:_ 12/03/2024 Congress Ventures, LLC Capitol Partners Consu Contributor address; City; State; Zip Code		l Partners Consult	ing		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/05/2024	Full name of contributor x out ConocoPhillips Spirit PAC Contributor address; City; State; Zip Bartlesville, OK 74004	t-of-state PAC (ID#: <u>CO</u>	0112896)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I_				

	MONET	ARY POLITICAL C	IS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/67 Rpt: 16/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/10/2024	Full name of contributor Cook, Robby Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
•	Dringing Loggy	Eagle Lake , TX 77434	lo.	Employer (Co. Instructions			
8	Registered L	pation / Job title (See Instructions) obbyist	9	Employer (See Instructions Self Employed)		
	Date 12/10/2024	Full name of contributor [Cook, Robby Contributor address; City; Sta				Amount of Contribution (\$)	\$500.00
	Principal occu	Eagle Lake , TX 77434 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
				Self Employed	•		
	Date 12/13/2024					Amount of Contribution (\$)	\$2,500.00
		Austin , TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor Cross Oak Group Contributor address; City; Sta Austin , TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor DOW INC, PAC Contributor address; City; Sta MIDLAND, MI 48674	x out-of-state PAC (ID#: COC	0074096		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			1				

	MONET	ARY POLITICAL CONT	SCHEDULE A1				
	The Instru	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 13/67 Rpt: 17/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/03/2024	Daniel, Guy (Mr.)	-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_		Fulshear, TX 77441					
8	Principal occu Power	pation / Job title (See Instructions)	9	Employer (See Instructions Tigon Energy LLC)		
	Date 11/11/2024	Full name of contributor	-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Deinsinal assu	Austin, TX 78701		Frankrian (Cook bathurtian			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2024	Full name of contributor x out-of-state PAC (ID#: C000782292) /2024 DentaQuest PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
		Boston, MA 02129					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Dowdy, Christopher	-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Baptist Hospitals of Sou		ast Texas	
	Date 10/17/2024	Full name of contributor out-of Dunklin, William (Dr.) Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;	-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Rodeo Dental & Orthodo		ics	
	Deniust			Nodeo Denial & Ottilout	וויינו		

	MONET	ARY POLITICAL (ONS		SCHEDUI	LE A1	
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/67 Rpt: 18/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/10/2024	5 Full name of contributor ENPAC Texas (PAC for T6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78701			<u></u>		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 10/07/2024				Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> ;)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:) Eads, John Contributor address; City; State; Zip Code Houston , TX 77019				Amount of Contribution (\$)	\$1,500.00
	Principal occu Retiired	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00	
	Principal occu Retiired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	5)		
	Date 12/12/2024					Amount of Contribution (\$)	\$1,500.00
	Principal occu Retiired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	N5	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/67 Rpt: 19/146
2	FILER NAME	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 12/05/2024	 Full name of contributor	00197228)	7 Amount of Contribution (\$) \$3,000.00
		Washington , DC 20004		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
_	Date	Full name of contributor X out-of-state PAC (ID#: C	00082792	Amount of Contribution (\$)
	08/06/2024	Eli Lilly And Company Political Action Committee		\$2,000.00
	00/00/2024			Ψ2,000.00
		Contributor address; City; State; Zip Code		
		Indianapolis, IN 46285		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
_	Date	Full name of contributor X out-of-state PAC (ID#: C	00219642	Amount of Contribution (\$)
	09/25/2024 Enterprise Holdings, Inc. Political Action Committee		\$1,000.00	
				V-,000.00
		Contributor address; City; State; Zip Code		
		St. Louis, MO 63105		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date	Full name of contributor X out-of-state PAC (ID#: C	00340455	Amount of Contribution (\$)
	08/14/2024	Essential Utilities, Inc. PAC		\$1,500.00
		Contributor address; City; State; Zip Code		
		D M D. 10010		
	<u> </u>	Bryan Mawr, PA 19010		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/19/2024	FOMCPAC Friends of UT Southwestern Medic	cal Center PAC	\$1,000.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75230		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
_				

	MONEI	ARY POLITICAL COI	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 16/67 Rpt: 20/146	
2	FILER NAME	-i- M/ /Th- H			3	Filer ID (Ethics Commission	on Filers)
		ois W. (The Honorable)				00041354	
4	Date 10/07/2024	5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)	I ₀	Employer (See Instructions			
0		President & General Manager	l ⁹	Brazos Electric Power)		
				DIAZOS LIECUIC FOWEI	_		
	Date 11/04/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Cedar Park, TX 78613					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Doctor Co			Cosmetic Dentists of Au	stiı	ı	
	Date 10/14/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Beaumont , TX 77706					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Doctor	,		Baptist Hospital or the S		theast	
	Date 10/23/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	·	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Senior Vice I	President of Finance		Welcome Group, LLC			
	Date 12/04/2024	Full name of contributor				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/67 Rpt: 21/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00041354	
4	Date 12/13/2024	 Full name of contributor		7	Amount of Contribution (\$) \$2,500.00	
		Dallas, TX 75201-3340				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_Folloder, Harry (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00	
	Dringinal occu	Fulshear, TX 77441 pation / Job title (See Instructions)	Employer (See Instructions	c)		
	Executive	pation / Job title (See Instructions)	N/A	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:) /2024 Friends of UNT Political Action Committee (University of North Texas) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00	
		Dallas, TX 75380-3272		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of the TTU System PAC Contributor address; City; State; Zip Code Lubbock, TX 79409)		Amount of Contribution (\$) \$15,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Fuller, Gregory (Dr.) Contributor address; City; State; Zip Code North Richland Hills , TX 76182			Amount of Contribution (\$) \$250.00	
	Principal occu Physican	pation / Job title (See Instructions)	Employer (See Instructions North Hills Family Medic			

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 18/67 Rpt: 22/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/04/2024	GARCIA, JOE	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AUSTIN, TX 78767 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	President/Lo	bbyist		Self Employed			
	Date 10/22/2024	Full name of contributor GRAY REED PAC Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		HOUSTON, TX 77056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:) Gaedcke, Gilbert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Houston , TX 77019					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/18/2024	Full name of contributor X Gainwell Holding Corp. PAC Contributor address; City; State; Conway, AR 72034	out-of-state PAC (ID#: <u>C004</u> Zip Code	140453)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/14/2024	Full name of contributor Garretson, Melissa (Dr.) Contributor address; City; State; Fort Worth, TX 76216	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions CCPN)		
			,				

	MONET	ARY POLITICAL (NETARY POLITICAL CONTRIBUTIONS				
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/67 Rpt: 23/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 08/28/2024	5 Full name of contributor GenenPAC6 Contributor address; City; S	x out-of-state PAC (ID#: \frac{1}{2} \) tate; Zip Code	C00199257)	7	Amount of Contribution (\$)	\$1,500.00
		So. San Francisco, CA 94					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Date 07/16/2024	Full name of contributor Germania Farm Mutual P Contributor address; City; S)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Brenham , TX 77833 pation / Job title (See Instructions	5)	Employer (See Instructions	<u>s)</u>		
	i ilicipai occa	pation / Job title (See Instructions	·)	Employer (See mandenone	۰)		
	Date 12/04/2024	Full name of contributor Giesinger, Ross W. (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin , TX 78757-1440 pation / Job title (See Instructions	5)	Employer (See Instructions	s) 		
		vernment Affairs, Lawyer	,	Cornerstone Governme		Affairs	
	Date 10/14/2024	Full name of contributor Gilmer, William (Dr.) Contributor address; City; S Houston , TX 77005				Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions William S. Gilmer MD P.	-		
	Date 10/05/2024	Full name of contributor Glenn, Gayle Contributor address; City; S Dallas, TX 75230			•	Amount of Contribution (\$)	\$500.00
	Principal occu Orthodontist	pation / Job title (See Instructions	s)	Employer (See Instructions Cedar Park Orthodontic			

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 20/67 Rpt: 24/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/06/2024	 Full name of contributor Gonzalez Public Affairs & Col Contributor address; City; State;)	7	Amount of Contribution (\$)	\$500.00
0	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
0	Pilicipai occu	pation / Job title (See Instructions)	9	Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:) 09/04/2024 Good Government Fund (Fort Worth) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		Fort Worth, TX 76102					
	Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Date 09/24/2024	Full name of contributor Good Government Fund (For Contributor address; City; State;)		Amount of Contribution (\$)	\$5,000.00
		Fort Worth, TX 76102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor Gorouhi, Fariborz Contributor address; City; State; Victoria , TX 77904)		Amount of Contribution (\$)	\$4,000.00
	•	pation / Job title (See Instructions) Hematology/Oncology		Employer (See Instructions Citizens Medical Center		ctoria	
	Date 10/14/2024	Full name of contributor Green, Mary (Dr.) Contributor address; City; State; Marble Falls, TX 78654)		Amount of Contribution (\$)	\$250.00
	Principal occu Eye Surgeor	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	()		
			l				

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 21/67 Rpt: 25/146
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 12/02/2024	 Full name of contributor	mittee	7 Amount of Contribution (\$) \$1,500.00
		Albany, NY 12207		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID Gregg, Aaron Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
	Lawyer/Lobb		Capital Law & Consultir	
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$15,000.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	s)
	i illoipai occu	pation 7 555 tale (See Histadelions)	Employer (See Instructions	5)
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID HCA Texas Good Government Fund PAC For Contributor address; City; State; Zip Code Dallas, TX 75240	Hospital Corp of America	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l s)
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID HILLCO PAC Contributor address; City; State; Zip Code Austin, TX 78701	#:)	Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
			•	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/67 Rpt: 26/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/02/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: HOME-PAC Greater Houston Builders Associati Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Houston, TX 77064-5398 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:) HOMEPAC Of Texas Texas Association of Builders Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
	Dringing agg	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	oalion7 300 title (See instructions)	Employer (See Instructions)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: HOSPAC - State (Texas Hospital Association) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8,000.00
	Principal occu	Austin, TX 78701-2180 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ HS LAW PAC (Hance Scarborough) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 23/67 Rpt: 27/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/13/2024	 Full name of contributor	e PAC (ID#:)	7	Amount of Contribution (\$)	\$3,000.00
8	Principal occu	Fairview, TX 75069 pation / Job title (See Instructions)		Employer (See Instructions)		
•	CEO			Centria Healthcare	,		
	Date 12/13/2024	Harbour, David	PAC (ID#:)		Amount of Contribution (\$)	\$3,000.00
		Fairview, TX 75069					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Centria Healthcare)		
	Date 11/07/2024	Full name of contributor out-of-state Health Care Service Corporation Politi Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin , TX 78701-1821 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/30/2024	Holford, William)		Amount of Contribution (\$)	\$75.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Bluebonnet Electric Cod	-	rative	
	Date 09/27/2024	Holmes, Ned	e PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Investments	pation / Job title (See Instructions)		Employer (See Instructions Holmes Investments, Inc			
			1				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 24/67 Rpt: 28/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/13/2024	 Full name of contributor	-)	7	Amount of Contribution (\$)	\$400.00
_	Daine in a la casa	Lakeland, FL 33811	- 10	Faralessa (Octobrationalism			
8		pation / Job title (See Instructions) nt Government Relations	9	Employer (See Instructions Sevita Health			
	Date 12/13/2024	Full name of contributor out-of-state PAC (Holmes, Yadira Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$400.00
	Dringing! agg.	Lakelamd, FL 33811		Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) nent Relations		Employer (See Instructions Sevilla Health	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (Hoover Slovacek LLP Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77210					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (Houston Apartment Association Political Act Contributor address; City; State; Zip Code Houston, TX 77041	tion Co			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (Houston Associated General Contractors Pace) Contributor address; City; State; Zip Code Houston, TX 77092	AC)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.		1	Total pages Schedule A1: Sch: 25/67 Rpt: 29/146		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00	
		Houston , TX 77082						
8	Principal occu	pation / Job title (See Instructions)	9 Em	oloyer (See Instructions))			
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID Houston Pilots Political Action Committee Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	Em	oloyer (See Instructions				
	i ilicipai occu	pation / Job title (See Instituctions)		ployer (See mandenons,	,			
	Date 10/01/2024	Full name of contributor	D#:			Amount of Contribution (\$)	\$2,500.00	
	<u> </u>	Houston, TX 77007-7730						
	Principal occu	pation / Job title (See Instructions)	Em	ployer (See Instructions))			
	Date 09/10/2024	Full name of contributor X out-of-state PAC (ID Humana Inc. Political Action Committee Contributor address; City; State; Zip Code Louisville, KY 40202	D#: <u>C00027</u>			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Em	ployer (See Instructions))			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID Hunt, Woody L. and Gayle G. Contributor address; City; State; Zip Code El Paso, TX 79913-0667	D#:)		Amount of Contribution (\$)	\$5,000.00	
	·	pation / Job title (See Instructions) man of the Board of Directors		oloyer (See Instructions))			
	Jonat Chair	State State of Birottors		Jonipanios, mo.				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 26/67 Rpt: 30/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ IBAT PAC A PAC Of The Independent Banke 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701	1 =	Ļ		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ IEC Of Texas PAC Fund (Independent Electric Contributor address; City; State; Zip Code	Contractors)		Amount of Contribution (\$)	\$750.00
	Principal occu	Austin , TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ INDEPAC (Texas Independent Automobile Dea Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78750 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_INSURING TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78735			Amount of Contribution (\$)	\$1,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Incline PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin , TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/67 Rpt: 31/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 09/26/2024	JES Holdings LLC - Texas			7	Amount of Contribution (\$)	\$2,500.00
		Columbia, MO 65203					
8	Principal occu	pation / Job title (See Instructions)	٤	Employer (See Instructions	s)		
	Date 11/12/2024	Full name of contributor Jackson Walker L.L.P. Pol Contributor address; City; Sta			•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Dallas, TX 75201-2725 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 07/28/2024	Full name of contributor Jayroe, Tim Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Mayor	pation / Job title (See Instructions)		Employer (See Instructions City of Rockport Texas	<u>l</u> S)		
	Date 10/01/2024	Full name of contributor Johnson & Johnson Politic Contributor address; City; Sta		00010983		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor Johnson, Lee Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Texas Council of Comm		ity Centers	
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S	SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 28/67 Rpt: 32/146		
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)	
4	Date 10/08/2024	5 Full name of contributor Johnson, Michael6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701							
8	Principal occu Public Affairs	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Brentwood Public Affairs				
	Date 12/04/2024	Full name of contributor Junior And Community Contributor address; City; S Austin, TX 78701-1686	_				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>. </u>			
	Date 12/13/2024	Full name of contributor Just Pac Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu	League City , TX 77573 pation / Job title (See Instructions	s)		Employer (See Instructions) s)			
	Date 12/13/2024	Full name of contributor Just Pac Contributor address; City; S League City , TX 77573	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>(</u>			
	Date 10/14/2024	Full name of contributor Kaplan, Michael Contributor address; City; S Bellaire , TX 77401	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00	
	Principal occu Doctor	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employeed	;)			
			'						

	MONET	ARY POLITICAL (CONTRIBUTIO	NS	5		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm	ı.	1	Total pages Schedule A1: Sch: 29/67 Rpt: 33/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	n Filers)
4	Date 12/11/2024	5 Full name of contributor Karlsruher, Jessica6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$200.00
_	Deire die alle a con	Austin, TX 78737			Fundament (On a landoustine			
8	CEO	pation / Job title (See Instructions	9		Employer (See Instructions Tread Coalition	·)		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S					Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions	s)		Employer (See Instructions) 		
	CEO	pation / Job title (Jee matractions	5)		Tread Coalition	')		
	Date 12/13/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Austin, TX 78737						
	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Tread Coalition)		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S Austin, TX 78737	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Tread Coalition	5)		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S Austin, TX 78737	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Tread Coalition	i)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 30/67 Rpt: 34/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/13/2024	5 Full name of contributor Kaufman, Phillip6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
8	Dringing Lagge	Edina, MN 55435	lo.	Employer (Con Instructions	<u></u>		
•	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Sevita	·)		
	Date 12/13/2024	Full name of contributor Kaufman, Phillip Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	Edina, MN 55435		Employer (Coo Instructions	<u></u>		
	CEO	pation / Job title (See Instructions)		Employer (See Instructions Sevita	5)		
	Date 12/04/2024	Full name of contributor Keel, Lara Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78703					
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Texas Lobbying and Go	′	rnment Relations	
	Date 10/11/2024	Full name of contributor Khan, Faraz (Dr.) Contributor address; City; Sta Houston , TX 77024	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Radpartners Houston	5)		
	Date 10/14/2024	Full name of contributor Khetan, Roger (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Roger S. Khetan MD PL		;	
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 31/67 Rpt: 35/146
2	FILER NAME Kolkhorst, Lo	pis W. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00041354
4	Date 08/24/2024	 Full name of contributor		7	Amount of Contribution (\$) \$5,000.00
0	Principal occu	Eagle Pass, TX 78852	Employer (See Instructions	<u>c)</u>	
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 10/17/2024	Full name of contributor			Amount of Contribution (\$) \$1,000.00
		Dallas, TX 75229 pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Dentist		Rodeo Dental	_	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: Kugle, Chris Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
		Houston , TX 77056			
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Industrial Brokerage Se	-	ces Group
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: LABE, ERIC Contributor address; City; State; Zip Code HUNTINGTON WOODS, MI 48070			Amount of Contribution (\$) \$3,000.00
	•	pation / Job title (See Instructions) , PDN/REHAB SERVICES	Employer (See Instructions CENTRIA HEALTHCAR		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: Lanham, Jr., Robert C. and Pamela J. Contributor address; City; State; Zip Code Katy, TX 77494			Amount of Contribution (\$) \$10,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Williams Brothers Const		ction Co., Inc.

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 32/67 Rpt: 36/146	
2	FILER NAME Kolkhorst, Lo	is W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/07/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78628					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Bartlett Electric	i)		
	Date 12/11/2024	Full name of contributor out-of-state PAC Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)	1	Employer (See Instructions	()		
					,		
	Date 12/11/2024	Full name of contributor	C.)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Locke Lord LLP Contributor address; City; State; Zip Code Dallas, TX 75201-6776				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/21/2024	Full name of contributor out-of-state PAC Longbow Consulting Partners Contributor address; City; State; Zip Code Austin , TX 78701	C (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			ı				

	MONEI	ARY POLITICAL CO		SCHEDU	ULE A1		
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 33/67 Rpt: 37/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 10/17/2024	 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75209					
8	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions) Rodeo Dental)		
	Date 10/15/2024	McGuireWoods Federal PAC Contributor address; City; State; 2		225342)		Amount of Contribution (\$)	\$500.00
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 10/04/2024	McKesson Corporation Emplo Contributor address; City; State; 2	-)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 07/11/2024	Full name of contributor X of Merck Employees Political Act Contributor address; City; State; X Washington, DC 20004		ck PAC)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/14/2024	Metropolitan Anesthesia	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/67 Rpt: 38/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/02/2024	5 Full name of contributor Moak Casey PAC6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Austin , TX 78746-5776					
8	Principal occu	pation / Job title (See Instructions	·)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Monday, Kimberly (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Physician	panon, eos uno (eos monacione	,	University Texas	-,		
	Date 10/15/2024	Full name of contributor Montagne, Janet Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$500.00
		Beaumont , TX 77706					
	Principal occu President of	pation / Job title (See Instructions Finance)	Employer (See Instructions Harbor Healthcare	s)		
	Date 12/10/2024	Full name of contributor Moore, Jon Contributor address; City; St Hallsville, TX 75650	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Executive Di	pation / Job title (See Instructions rector)	Employer (See Instructions Sevilla	s)		
	Date 12/10/2024	Full name of contributor Moore, Jon (Mr.) Contributor address; City; St Hallsville, TX 75650	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Executive Di	pation / Job title (See Instructions rector)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/67 Rpt: 39/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Houston , TX 77025		Ĺ		
8	Hospital Adn	pation / Job title (See Instructions) ninistration	9 Employer (See Instructions MD Anderson Cancer C	•	ter	
	Date 09/16/2024	Full name of contributor x out-of-state PAC (ID#: NABIP Texas PAC - National Association of Ber Contributor address; City; State; Zip Code Cranford, NJ 07016	nefits and Insurance		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_NAIFA TEXAS IFAPAC (Natl. Assoc. Insurance Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ NCHA's Texas Events PAC (National Cutting Contributor address; City; State; Zip Code Fort Worth, TX 76107	Horse Association)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 08/26/2024	Full name of contributor X out-of-state PAC (ID#: NRG Energy Political Action Committee Contributor address; City; State; Zip Code Princeton, NJ 08540-6213	C00366559)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 36/67 Rpt: 40/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00041354	
4	Date 11/12/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$) \$500	00
_	B	San Antonio, TX 78255	- 1-				
8	Orthodontist	pation / Job title (See Instructions)	9	Employer (See Instructions Celebrate Dental	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (IE National Association of Mutual Insurance Contributor address; City; State; Zip Code	mpan			Amount of Contribution (\$) \$750	00
	Principal occu	Indianapolis , TX 46268 pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IE Nau III, John L. Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$) \$5,000	00
		Houston, TX 77019	-				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/15/2024	Full name of contributor)		Amount of Contribution (\$) \$1,000	.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (IE ORGANIZING FOR TEXAS SENIORS Contributor address; City; State; Zip Code DALLAS, TX 75231	D#:)		Amount of Contribution (\$) \$10,000	00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>,</u>		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s form.		otal pages Schedule A1: ch: 37/67 Rpt: 41/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			ler ID (Ethics Commission 0041354	on Filers)
4	Date 09/27/2024	 Full name of contributor	elivery Admn. Corp.	7 An	mount of Contribution (\$)	\$2,500.00
Ω	Principal occu	Dallas, TX 75202-1234 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instituctions)	employer (See Instructions	15)		
	Date 09/24/2024	Full name of contributor x out-of-state PAC (II Otsuka US PAC. Otsuka America Pharmace Contributor address; City; State; Zip Code Rockville, MD 20850-3238		An	mount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (II Otto, Martin Contributor address; City; State; Zip Code	An	mount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin , TX 78746-2924 pation / Job title (See Instructions)	Employer (See Instructions	 ns)		
	Chief Operat		HEB Grocery Company	,		
	Date 10/21/2024	Full name of contributor out-of-state PAC (II PADFOOT PAC Contributor address; City; State; Zip Code Houston, TX 77024	D#:)	An	nount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (II POPULUS FINANCIAL GROUP, INC TEXAS Contributor address; City; State; Zip Code IRVING , TX 75062	S PAC		nount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			•			

	MONET	ARY POLITICAL C	SCHEDULE A1					
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 38/67 Rpt: 42/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 10/15/2024	5 Full name of contributor Padakandia, Udaya (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu	Carrollton, TX 75010	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Franks or (Cook both others			
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions USAP	5)		
	Date 10/15/2024	Full name of contributor Parker, James (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Deireciant	Denison, TX 75020	, T		Frankrije (Cooks brother)	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texomacare	5)		
	Date 10/14/2024	Full name of contributor Pearse, Lee Ann (Dr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75244						
	Principal occu Physician	pation / Job title (See Instructions			Employer (See Instructions PSG with/HCA	s)		
	Date 09/01/2024	Full name of contributor Pediatric Dentists Political Contributor address; City; St McKinney, TX 75069)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor Pediatrix Medical Group II Contributor address; City; St Sunrise, FL 33323					Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions			Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONS .	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/67 Rpt: 43/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/02/2024	5 Full name of contributor PharmPAC (Texas Pharm6 Contributor address; City; St			7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78757					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor Phillips North America LLC Contributor address; City; St		C00239780)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	i ilicipai occu	pation / 305 title (See Instructions)	Employer (See instructions	"		
	Date 10/25/2024	Full name of contributor Poinsett PLLC Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/17/2024	Full name of contributor Polskaya, Veeonika (Dr.) Contributor address; City; St Dallas, TX 75209	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions Lucent Dental Group	5)		
	Date 08/16/2024	Full name of contributor Prasek, Mike Contributor address; City; St El Campo, TX 77437	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Self Prasek's Family S		okehouse	

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/67 Rpt: 44/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	n Filers)
4	Date 10/09/2024	 Full name of contributor Provider Coalition For Ca Contributor address; City; S 		nmittee	7	Amount of Contribution (\$) \$	15,000.00
	Dringing! goog	Lewisville, TX 75057		O Employer (See Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor Quest Diagnostics Incorp Contributor address; City; S Secaucus, NJ 07094		C000329185)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:) ROBIRDS, STEPHEN Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78745 pation / Job title (See Instructions	s)	Employer (See Instructions Capital Family Orthodor		S	
	Date 12/09/2024	Full name of contributor Red Rock Texas PAC Contributor address; City; S Austin , TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor Richards, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Doctor	pation / Job title (See Instructions	5)	Employer (See Instructions University of Texas Med		al Branch	
						P22222	

	MONET	ARY POLITICAL (SCHEDULE A1					
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 41/67 Rpt: 45/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/25/2024	5 Full name of contributor Robinson, Douglass6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,000.00
ρ	Principal occu	Abiliene, TX 79605 pation / Job title (See Instruction:	2)	<u> </u>	Employer (See Instructions	:, 		
•	Founder & P		5)		Natura Resources	•)		
	Date 12/03/2024	Full name of contributor Ron Lewis & Associates Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction:	5)		Employer (See Instructions	;) 		
	Timoipai ooda	pation / cos tale (cos mondoto).			Employer (GGC mondonoris	,,		
	Date 11/11/2024	Full name of contributor Rural Friends of Electric (Contributor address; City; S)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701-2100						
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	s)		
	Date 11/01/2024	Full name of contributor Ryan Texas PAC Contributor address; City; S Dallas, TX 75240)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	<u>I</u> 5)		
	Date 09/26/2024	Full name of contributor Rydman, John A. Contributor address; City; S Houston , TX 77007	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3,000.00
	Principal occu President/Ov	pation / Job title (See Instructions wner	5)		Employer (See Instructions Spec's Wines Sprits and		ner Foods	
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	MONET	ARY POLITICAL (SCHEDULE A1					
	The Instruc	ction Guide explains hov	v to complete this fo	orm		1	Total pages Schedule A1: Sch: 42/67 Rpt: 46/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 11/07/2024	5 Full name of contributor Rytzner, Andrea6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_	Deinainal accu	San Antonio, TX 78204		0 5	-malayay (Caa Inatuyatiana			
8	Orthodontist	pation / Job title (See Instruction	5)		Employer (See Instructions JT Health San Antonio)		
	Date 12/04/2024	Full name of contributor SHANNON, FRED Contributor address; City; S)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instruction:	5)	E	Employer (See Instructions)		
	Lobbyist			S	Self Employed			
	Date 12/04/2024	Full name of contributor SHIPTON, PATRICIA Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 79701						
	Principal occu Lobbyist	pation / Job title (See Instruction:	5)		Employer (See Instructions Ron Lewis & Associates			
	Date 10/23/2024	Full name of contributor SRR Ranches, LLC Contributor address; City; S Galveston, TX 77552	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instruction:	5)	E	mployer (See Instructions)		
	Date 12/04/2024	Full name of contributor STAN SCHLUETER CON Contributor address; City; S AUSTIN, TX 78768					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	E	Employer (See Instructions)		
			•					

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/67 Rpt: 47/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/06/2024	5 Full name of contributor San Antonio Professional6 Contributor address; City; St.			7	Amount of Contribution (\$)	\$2,500.00
	Dringing! goog	San Antonio , TX 78201	\	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 11/05/2024	Full name of contributor Schulgen, Seth Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Dringing aggr	Fulshear , TX 77441		Employer (Coo Instructions			
	Director	pation / Job title (See Instructions		Employer (See Instructions Williams Brothers Cons		etion	
	Date 10/11/2024	Full name of contributor Schwartz, Page & Harding Contributor address; City; St)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	s)		
	Date 10/22/2024	Full name of contributor Service Corporation Interr Contributor address; City; St Houston, TX 77219)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	s)		
	Date 10/17/2024	Full name of contributor Shafi, Hamid Jay (Dr.) Contributor address; City; St. Dallas, TX 75209-3339	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3,500.00
	Principal occu Dentist	pation / Job title (See Instructions		Employer (See Instructions Lucent Dental Group	s)		
			I.	·			

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this forn	n.	1	Total pages Schedule A1: Sch: 44/67 Rpt: 48/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/14/2024	5 Full name of contributor [Shah, Jayesh (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$250.00
_		San Antonio, TX 78258	1				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Timeozygen Healing Co	•	epts, LLC	
	Date 10/15/2024	Full name of contributor Shannon, Patrick Contributor address; City; Sta)		Amount of Contribution (\$)	\$200.00
	Principal occu	Huntsville , TX 77320 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CEO Huntsville Mem		Huntsville Memorial Hos	pit	al		
	Date 10/14/2024	Full name of contributor [Shepherd, Jenny Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$50.00
		San Antono, TX 78217					
	Principal occu Medicine/Pu	pation / Job title (See Instructions) blic Health		Employer (See Instructions Self Employed	i)		
	Date 10/13/2024	Full name of contributor Silva, Zeke (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology	•	oup	
	Date 11/05/2024	Full name of contributor Southern Glazer's PAC of Contributor address; City; Sta Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 45/67 Rpt: 49/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/21/2024	 Full name of contributor out-of-state PAC (ID#:_ Stedman, Stuart Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	President/Inv	vestor		Stedman West Interests	s, I	nc.	
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Sysco Corp Good Government Committee, Inc Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ TALAPAC Texas Assisted Living Association Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ TALHI LIFE INSURANCE PAC Contributor address; City; State; Zip Code AUSTIN, TX 78767				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TAMFT Family PAC (Texas Assoc. for Marriag Contributor address; City; State; Zip Code Austin, TX 78701-1634				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL COI	NTRIBUTIOI	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 46/67 Rpt: 50/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/10/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Houston , TX 77002	I.o.				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/18/2024	TBA Bank PAC - State (Te Contributor address; City; State; 2	out-of-state PAC (ID#: exas Bankers Asso Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/19/2024	Full name of contributor contributor contributor address; City; State; Z				Amount of Contribution (\$)	\$1,500.00
	Principal occu	HOUSTON, TX 77062-2918 pation / Job title (See Instructions)	Г	Employer (See Instructions)		
	· 	,			,		
	Date 12/04/2024	TEXAS ASSOCIATION FOR F Contributor address; City; State; 2				Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor Contributor Contributor address; City; State; Z				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 47/67 Rpt: 51/146
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00041354
4	Date 10/10/2024	 Full name of contributor		7	Amount of Contribution (\$) \$1,000.00
_	Daine in all a con-	AUSTIN, TX 78767			
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)	
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#: TEXAS MEDICAL ASSOCIATION Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$30,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: THE INDEPENDENT INSURANCE AGENTS OF Contributor address; City; State; Zip Code AUSTIN, TX 78768			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: TREPAC / Texas Association of Realtors Political Contributor address; City; State; Zip Code Austin, TX 78768-2246			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: TSAPAC (Texas Society of Anesthesiologists) Contributor address; City; State; Zip Code Austin, TX 78701-1665			Amount of Contribution (\$) \$7,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
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	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 48/67 Rpt: 52/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/01/2024	5 Full name of contributorTSHP-PAC (Texas Socie6 Contributor address; City; St			7	Amount of Contribution (\$)	\$500.00
_	Deire die alle access	Round Rock, TX 78665-39		O Familia de (Ostados de Austro de Co	$\overline{\Gamma}$		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor TURK, JASON Contributor address; City; St				Amount of Contribution (\$)	\$3,000.00
		KELLER, TX 76248					
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions Cooks Children Pediatri			
	Date 08/15/2024	Full name of contributor TX Chiropractic Association Contributor address; City; St				Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor TXTA TRUCKPAC Contributor address; City; St)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/09/2024	Full name of contributor Tenaska Employees Texa Contributor address; City; St Omaha, NE 68154				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 49/67 Rpt: 53/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 11/19/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30,000.00
_	Deignaignal annu	Austin, TX 78701	2. Employer (Co. Instruction)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 08/08/2024	Contributor address; City; State; Zip Code	al Action Committee		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor ut-of-state PAC (ID#: Texas Agricultural Aviation Association (Ag-Air P. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin , TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: Texas Agricultural Co-op Council Political Action Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Texas Alliance for Conservation PAC Contributor address; City; State; Zip Code Austin , TX 78703)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/67 Rpt: 54/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78754		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Ambulatory Surgery Center Society - PAC Contributor address; City; State; Zip Code	:		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701-1665 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#: Texas Apartment Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701-1951				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Health Plans PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Mutual Ins. CO-PAC Contributor address; City; State; Zip Code Yoakum, TX 77995)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	- 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/67 Rpt: 55/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Pawn Brokers PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Crawford , TX 76638				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#: Texas Automobile Dealers Association Political A Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC Political Action Con Contributor address; City; State; Zip Code	nmittee		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,				
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#: Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Dallas, TX 75265			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 52/67 Rpt: 56/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/08/2024	 Full name of contributor out-of-state PAC (ID#: Texas Dairymen PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
				,		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: Texas Dental Association Political Action Common Contributor address; City; State; Zip Code	mittee		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Texas Forestry Association Forestry PAC Contributor address; City; State; Zip Code Lufkin, TX 75902-1488)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Texas Gin PAC Contributor address; City; State; Zip Code Round Rock , TX 78664	:		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			•			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDU	LE A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 53/67 Rpt: 57/146	
2	FILER NAME Kolkhorst, Lo	nis W. (The Honorable)			3	Filer ID (Ethics Commissi 00041354	on Filers)
4	Date 11/20/2024	 Full name of contributor Texas Health Care Associatio Contributor address; City; State;)	7	Amount of Contribution (\$)	\$10,000.00
		Austin, TX 78701	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/09/2024	Texas Impact, a CRH PAC Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin , TX 78726 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 11/20/2024	Full name of contributor Texas Land Title Association Contributor address; City; State; Austin, TX 78703				Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/01/2024	Full name of contributor Texas Mortgage Bankers PAC Contributor address; City; State; Austin , TX 78701				Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/27/2024	Full name of contributor Texas Nurse Practitioners PA Contributor address; City; State; Austin, TX 78735-6723)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/67 Rpt: 58/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions)		
				,		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Orthopaedic Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Physicians For Patients PAC Contributor address; City; State; Zip Code Marble Falls , TX 78654)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association Political Act Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/67 Rpt: 59/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Poultry PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Psychological PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Radiological Society Political Action Com Contributor address; City; State; Zip Code San Antonio, TX 78257			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Restaurant Association PAC Contributor address; City; State; Zip Code Austin , TX 78767			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/67 Rpt: 60/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/01/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
0	Dringing oggu	Austin , TX 78701	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sport PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78763-5943				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Farm Agents PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Lakeway, TX 78734				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Statewide Telephone Cooperative, Inc. P Contributor address; City; State; Zip Code Austin, TX 78701-1865			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Wildlife Association PAC Contributor address; City; State; Zip Code New Braunfels, TX 78132)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/67 Rpt: 61/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
Ω	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	r inicipal occu	pation / 300 title (See Instructions)	5 Employer (See instructions	,		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ The American Electric Power Co. Comm. for Re: Contributor address; City; State; Zip Code Austin, TX 78701	•		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor X out-of-state PAC (ID#: C The Boeing Company PAC Contributor address; City; State; Zip Code	000142711)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Arlington , VA 22202 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/27/2024	Full name of contributor x out-of-state PAC (ID#: C The Chickasaw Nation Contributor address; City; State; Zip Code Ada, OK 74820	<u>CO</u>		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/04/2024	Full name of contributor X out-of-state PAC (ID#: C The Cigna Group Employee PAC Contributor address; City; State; Zip Code Philadelphia, PA 19192	000085316		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 58/67 Rpt: 62/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 12/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
g	Principal occu	Corpus Christi , TX 78412 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	e Employer (See instructions	')		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ The US Oncology Network PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		The Woodlands, TX 77380				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Touchstone Political Action Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Townsend , Amy Contributor address; City; State; Zip Code Bridge City , TX 77611)		Amount of Contribution (\$)	\$400.00
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions Magnolia Direct Primary		are	
	Date 09/24/2024	Full name of contributor x out-of-state PAC (ID#: C Toyota Motor North America, Inc PAC. Toyota/I Contributor address; City; State; Zip Code Washington, DC 20004	_exus PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
		l				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 59/67 Rpt: 63/146
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00041354
4	Date 12/14/2024	 Full name of contributor out-of-state PAC (ID#: Treese, Bill Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$) \$1,500.00
8	Principal occu	Henderson, NV 89052 pation / Job title (See Instructions)	l a	Employer (See Instructions	-, 	
Ū	CEO Founde		ľ	Behavioral Health Solut		S
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Treese, Bill Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,500.00
		Henderson, NV 89052	_			
	Principal occu CEO Founde	pation / Job title (See Instructions) er		Employer (See Instructions Behavioral Health Solut		S
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Trone, Robert and Anna Marie Parisi-Trone Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,000.00
	Principal occu	Potomac, MD 20854 pation / Job title (See Instructions)	1	Employer (See Instructions	·,	
	Co-Owner	pation / 300 title (See instructions)		Total Wine & More	')	
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: Tucker, Brad Contributor address; City; State; Zip Code Houston, TX 77252				Amount of Contribution (\$) \$5,000.00
	Principal occu Executive	pation / Job title (See Instructions) President		Employer (See Instructions Mustang Cat	5)	
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: TXANA PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/67 Rpt: 64/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		El Paso, TX 79912				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Intellimedicine, PA)		
	Date 12/03/2024	Full name of contributor X out-of-state PAC (ID#:_C UCB, Inc. Political Action Committee Contributor address; City; State; Zip Code	00571141)		Amount of Contribution (\$)	\$500.00
	Principal occu	Sausalito, CA 94965 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Timoipai ooda	pation, cop tale (coe metasticite)	Employer (eee meadeann	,		
	Date 09/27/2024	Full name of contributor x out-of-state PAC (ID#: COUPSPAC United Parcel Service PAC COUNTIES COUNTIES COUNTIES (ID#: COUPSPAC United Parcel Service PAC COUNTIES (ID#: COUPSPAC United Parcel Service PAC COUNTIES (ID#: COUPSPAC United Parcel Service PAC United Parcel Service PAC (ID#: COUPSPAC United Parcel Service PAC United Parcel Service PAC (ID#: COUPSPAC United Parcel Service PAC United PAC Uni	00064756)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Washington , DC 20003 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	· ····o.pa. oooa		p.o/o. (000ou00	,		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: USAA Employee PAC (United Services Automotor address; City; State; Zip Code San Antonio, TX 78288-0453	•		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Union Pacific Corporation Fund For Effective Go Contributor address; City; State; Zip Code Washington, DC 20005			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 61/67 Rpt: 65/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 08/12/2024	 Full name of contributor	AC (ID#: <u>C00</u>)	7	Amount of Contribution (\$)	\$2,000.00
_		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/28/2024	Full name of contributor out-of-state Part University of Houston Political Action Contributor address; City; State; Zip Code Houston, TX 77046				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 10/14/2024	Full name of contributor out-of-state P/ Urrea, Luis (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$250.00
	Deire die alle acces	El Paso , TX 79922		Faralassa (Ossalastassiisas	$\overline{\Gamma}$		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions El Paso Orthopedic Sur		у	
	Date 09/18/2024	Full name of contributor 🗵 out-of-state Pa VSP Holding Company Inc. PAC Contributor address; City; State; Zip Code Ranch Cordova, CA 95670	AC (ID#: <u>C00</u>)493502		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/21/2024	Full name of contributor out-of-state Parallel Valero Political Action Committee Contributor address; City; State; Zip Code San Antonio , TX 78269	AC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/67 Rpt: 66/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/21/2024	5 Full name of contributor Velicu, Diana Beatrix6 Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu Orthodontist	Dallas, TX 75204 pation / Job title (See Instructions	;)	Employer (See Instructions Southern Society Orthog		ntics	
	Date 11/14/2024	Full name of contributor Verizon Communication I Contributor address; City; S AUSTIN , TX 78701		Club - Texas		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 11/07/2024	Full name of contributor Veterinarian Political Action Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78754 pation / Job title (See Instructions	;)	Employer (See Instructions	 - s)		
	Date 10/15/2024	Full name of contributor Victores, Andrew Contributor address; City; S Beaumont , TX 77707)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Southeast Texas Ear, N		e & Throat	
	Date 10/15/2024	Full name of contributor Victores, Ruben Contributor address; City; S Beaumont , TX 77706				Amount of Contribution (\$)	\$500.00
	Principal occu Doctor	pation / Job title (See Instructions	s)	Employer (See Instructions Southeast Texas OB?G		Associates, PA	

	MONET	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/67 Rpt: 67/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 11/10/2024	5 Full name of contributorVillarreal, Diana6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78258					
8	Principal occu Orthodontist	pation / Job title (See Instructions		9 Employer (See Instructions Tot to Teens Orthodonti			
	Date 10/07/2024	Full name of contributor Vistra Employee Political Contributor address; City; St				Amount of Contribution (\$)	\$1,000.00
_	Principal occu	Irving, TX 75039-2479 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/10/2024	Full name of contributor Vivek, Rao (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	Odessa, TX 79765 pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	s)		
	Date 12/02/2024	Full name of contributor WALPAC Walmart Inc. P Contributor address; City; St Bentonville, AR 72716		000093054) overnment		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/11/2024	Full name of contributor WALPAC Walmart Inc. P Contributor address; City; St Bentonville, AR 72716		overnment		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 64/67 Rpt: 68/146
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 12/02/2024	 Full name of contributor	C (ID#:)	7 Amount of Contribution (\$) \$5,000.00
8	Principal occu	SAN ANTONIO, TX 78209 pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 11/26/2024	Full name of contributor X out-of-state PAC Walgreen Co. PAC (WalgreensPAC) Contributor address; City; State; Zip Code Washington , DC 20005-4764	Self Employed	Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/23/2024	Full name of contributor out-of-state PAC Warner, Jr., Frederic C. Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$500.00
		Houston, TX 77019-6436 pation / Job title (See Instructions) ment Relations Officer	Employer (See Instructions) Memorial Hermann Heal	
	Date 10/09/2024	Full name of contributor out-of-state PAC Weekley, Richard W. Contributor address; City; State; Zip Code Houston, TX 77027		Amount of Contribution (\$) \$5,000.00
	Principal occu Chairman &	pation / Job title (See Instructions) CEO	Employer (See Instructions) Texans for Lawsuit Refo	
	Date 11/23/2024	Full name of contributor out-of-state PAC Wehmeyer, Blake Contributor address; City; State; Zip Code Pinehurst, TX 77362	C (ID#:)	Amount of Contribution (\$) \$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions) Boyer, Inc	
			·	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/67 Rpt: 69/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)			3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/02/2024	5 Full name of contributorWells Fargo & Co. Employ6 Contributor address; City; Sta		00034595)	7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20006-38					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Weltge, Ario (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
		Bellaire, TX 77401					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions University Texas Health			
	Date 12/04/2024	Full name of contributor Wholesale Beer Distributor Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701-0000					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor Widmer, Andrew (Dr.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White	5)		
	Date 10/11/2024	Full name of contributor Wilson, Jr., Welcome Contributor address; City; Sta				Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Welcome Group, LLC	i)		
	Near Estate	LACCULIVE		welcome Group, LLC			

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 66/67 Rpt: 70/146	
2	FILER NAME Kolkhorst, Lo	ois W. (The Honorable)				3	Filer ID (Ethics Commission 00041354	on Filers)
4	Date 10/22/2024	5 Full name of contributorWolff Investments, David6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Employer (See Instructions	·/-		
0		/ Chairman, President	,		Wolff Companies	•)		
	Date 12/10/2024	Full name of contributor YEAGER, TIMOTHY Contributor address; City; St)		Amount of Contribution (\$)	\$3,000.00
		CLOVIS, CA 93619						
		pation / Job title (See Instructions NCIAL OFFICER)		Employer (See Instructions CENTRIA HEALTHCAR			
	Date 12/05/2024	Full name of contributor Zaffirini Jr., Carlos Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Drincinal occu	Austin , TX 78701 pation / Job title (See Instructions	, I		Employer (See Instructions	·/		
	Attorney	pation / Job title (See Instructions)		Self Employeed	•)		
	Date 10/17/2024	Full name of contributor Zarrabi, Maggie (Dr.) Contributor address; City; St Irving , TX 75038)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Rodeo Dental and Ortho		tics	
	Date 10/15/2024	Full name of contributor Zarrabi, Saam Contributor address; City; St Dallas, TX 75201	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,500.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Self — Saam Zarrabi, D			

	MONET	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 67/67 Rpt: 71/146
2	FILER NAME Kolkhorst, L	ois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#:_Zeid, Yasser Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.0
		Tyler, TX 75711		
8	Principal occu Doctor	upation / Job title (See Instructions)	9 Employer (See Instruction Pelvic Health Center	ns)
	Date 12/10/2024	Full name of contributor X out-of-state PAC (ID#:_ Zeneca Inc. PAC Contributor address; City; State; Zip Code Wilmington , DE 19850-5437	C00279455)	Amount of Contribution (\$) \$2,500.0
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 72/146 FILER NAME 3 Filer ID (Ethics Commission Filers) Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/18/2024 Callas, Ray \$5,313.45 | Hosted Fundraising Event 7 Contributor address; City; State; Zip Code Beaumont, TX 77706 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Baptist Hospitals of Southeast Texas 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 1/50 Rpt: 73/146	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/17/2024	Academy Sports & Outdoors
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.49	1041 Nolan Street
		Brenham , TX 77835
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Senate Christmas Raffle Gift
		Sonate Simolinae Raine Sin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit C/OI	<u> </u>
	Date	Payee name
	11/22/2024	Ace Hardware Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.09	307 N. Austin Pkwy
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense KEYS MADE FOR NEW OFFICE
		KETS WADET ON NEW OTTICE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso nama
	12/26/2024	Payee name Advertising Mail Corporation, Inc. dba Admail
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,328.16	427 Dellwood St.
		Dr. on TV 77001
		Bryan, TX 77801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/50 Rpt: 74/146	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
L	08/13/2024	Alphagraphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$834.07	2023 S. Texas Avenue
		Bryan, TX 77802
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		"Not at State Expense" Notecard and Envelope
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Of	
	Date	Payee name
	12/17/2024	Alphagraphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,560.14	2023 S. Texas Avenue
		Bryan, TX 77802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Christmas Cards
		Christmas Cards
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
H	Date	Davisa nama
	Date 08/16/2024	Payee name Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
	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 Fees Assessed For One Online Donation Made to
		Campaign Website on 08.13.2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

	orean cara r ayment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/50 Rpt: 75/146	Kolkhorst, Lois W. (The Honorable)		00041354
4	Date	5 Payee name		
	09/05/2024	Anedot Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1.30	1920 McKinney Avenue, 7th Floor		
		Dallas, TX 75201		
8	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Fees Assessed For One Online Donation Made to Campaign Website on 09.03.2024
9	Complete ONLY if direct	Candidate/Officeholder name Office soug		Office held
9	expenditure to benefit C/OI		iii	Office field
_	Date	Para a san		
	10/01/2024	Payee name Anedot Inc.		
			1-	
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$60.60	1920 McKinney Avenue, 7th Floor		
		Dallas, TX 75201		
	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
				Fees Assessed for One Online Donation Made to
				Campaign Website on 09.27.2024
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/11/2024	Anedot Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$50.90	1920 McKinney Avenue, 7th Floor		
		Dallas, TX 75201		
	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
				Fees Assessed For Online Donation Made to Campaign Website 10.09.2024
	Operation ONE V. C. P.	Out did to 10ff a labella ma		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 4/50 Rpt: 76/146	Kolkhorst, Lois W. (The Honorable) 00041354	
4	Date	5 Payee name	
	10/16/2024	Anedot Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$281.50	1920 McKinney Avenue, 7th Floor	
		Dallas, TX 75201	
8	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 Fees Assessed For Online Donations Made to	
		Campaign Website on 10.11.2024	
_	0 1: 0:11:4" " :		_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
_	Date	Payee name	=
	10/17/2024	Anedot Inc.	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.30	1920 McKinney Avenue, 7th Floor	
	!		
	!	Dallas, TX 75201	
	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.	
	LAI ENDITORE	Check if Austin, TX, officeholder living expense	
	!	Fees Assessed for Online Donation Made to Campaign Website on 10.13.2024	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experioration to benefit 0/01		
	Date	Payee name	
	10/17/2024	Anedot Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.50	1920 McKinney Avenue, 7th Floor	
	!		
	!	Dallas, TX 75201	
	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.	
	EXPENDITORL	Check if Austin, TX, officeholder living expense	
	!	Fees Assessed For Online Donations Made to Campaign Website on 10.15.2024	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	

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

	Contributions/ Donations Made By 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: 5/50 Rpt: 77/146	Kolkhorst, Lois W. (The Honorable) 00041354						
4	Date	5 Payee name						
	10/21/2024	Anedot Inc.						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$592.40	1920 McKinney Avenue, 7th Floor						
		Dallas, TX 75201						
8	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						
		Fes Assessed For Online Donations Made to						
		Campaign Website on 10.17.2024						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experialitate to beliefit 6/01	'						
	Date	Payee name						
	10/21/2024	Anedot Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$210.60	1920 McKinney Avenue, 7th Floor						
		Dallas, TX 75201						
	PURPOSE	(a) a						
	OF	Fees Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Fees Assessed For Online Donations Made to						
		Campaign Website on 10.21.2024						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	10/25/2024	Anedot Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$24.60	1920 McKinney Avenue, 7th Floor						
		Dallas, TX 75201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Fees Assessed For Online Donations Made to the						
		Campaign Website on 10.23.2024						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/50 Rpt: 78/146	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/04/2024	Anedot Inc.
6	Amount (\$) \$23.60	7 Payee address; City; State; Zip Code 1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
8	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 Fees Assessed for Online Donations Made to Campaign Website on 10.30.2024
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
	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
		Fees Assessed For Online Donations Made to
		Campaign Website o 11.12.2024
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
	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
		Fees Assessed For Online Donations Made to Campaign Website on 12.10.2024
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/50 Rpt: 79/146	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/24/2024	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$940.50	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
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
		Fees Assessed For Online Donations made to
		Campaign Website during the month of December
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	experialiture to benefit 6/01	1
	Date	Payee name
	12/05/2024	Ann Street Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.80	107 West Commerce
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel Legislative Workshop in Brenham 11-18-2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	12/05/2024	Ant Street Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.80	107 West Commerce Street
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Hotel for Workshop in Brenham 11-18-2024
		Hotel for Workshop in Bremain 11 to 2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Condidate/Officeholder/Poli Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total names Oct 11 51	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 8/50 Rpt: 80/146	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/05/2024	Ant Street Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.80	107 West Commerce Street
		Propham TV 77022
Ļ		Brenham, TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for Legislative Workshop in Brenham for 11-
		18-2024
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/05/2024	Ant Street Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.50	107 West Commerce Street
		Brenham, TX 77833
\vdash	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Hotel for Legislative Workshop in Brenham 11-18-
		2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	12/05/2024	Ant Street Inn
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.80	107 West Commerce Street
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel for Legislative Workshop in Brenham 11-18- 2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 9/50 Rpt: 81/146	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4	Date 12/26/2024	5 Payee name Bellville Chamber Of Commerce
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 742 W. Main Bellville, TX 77418
8	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 Membership Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/17/2024	Payee name Berger, Becky
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 349 Private Road Schulenburg, TX 78956
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation - ABC's Leadership
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/17/2024	Payee name Blakemore & Associates
	Amount (\$) \$35,610.00	Payee address; City; State; Zip Code 1 E. Greenway Plaza Suite 225 Houston, TX 77046-0106
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committ Credit Card Payment		mmittee	Legal Services	Sa		ages	/Contract Labor		OTHER (enter	a category not listed above)		
				The Instruction Gu	uide explains hov	v to com	ıple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ε			3	Filer ID	(Ethics Commission F	ilers)		
Sch: 10/50 Rpt: Kolkho			Kolkhorst, L	ois W. (The Hor	norable)					00041354		
4	Date	5	Payee name									
	12/10/2024		Blue Bell Cr	eameries Coun	try Store							
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Cod	le					
	\$162.39		1101 S. Blue	e Bell Rd.								
			P. O. Box 18	307								
			Brenham, T	X 77833								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedul	le) ((b)	Description				
	OF EXPENDITURE			/Memorials Exp				Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	LXFLINDITORL							_		officeholder livir		
								Christmas Gi	tt tc	or Senate C	Christmas Party Raf	tle
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Offic	ce soug	ht			Office h	neld	
_	·	_										
	Date		Payee name									
	10/29/2024		Bristle Mand	or								
	Amount (\$)		Payee addres	•	State; Z	ip Cod	le					
\$25.00 5801 FM 726				6								
			Richmond, 7	ΓX 77406								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedul	le) ((b)	Description				
	OF EXPENDITURE	Event Expense				=	avel outside of Texas. Complete Schedule T.					
								ш		officeholder livir		ion
								Meeting	um	y iviayui ai	nd Council Associat	.1011
Complete ONLY if direct				ceholder name	Offic	ce soug	ht			Office h	neld	
	expenditure to benefit C/O		Janaidate/Onit	scholder hame	Onic	JC 30ug	1110			Office i	iciu	
_	Data											
	Date 12/18/2024		Payee name									
			Buck, Sally									
	Amount (\$)		Payee addres	•	State; Z	ip Cod	le					
	\$500.00		4527 North	Lamar Blvd								
Austin , TX 78751												
	PURPOSE OF	(a)		e Categories listed at the		le) ((b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract La	abor			므		de of Texas. Coi officeholder livir	mplete Schedule T.	
								Christmas Bo			ig experise	
										-		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	neld	
	expenditure to benefit C/O				31110					3001		
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/26/2024	Burleson County Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	301 N. Main Street
		Caldwell, TX 77836
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
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/27/2024	Burleson County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	8401 Private Road
		Milano , TX 76556
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/27/2024	Calhoun County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2025 State Hwy 35
		Port Lavaca, TX 77979
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services Printing Expense Printing Expense Salaries/Wages/Contract Labor	Legal Services Salaries/Wages/Contract Labor OTHER (enter a ca			
	Credit Card Fayment		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/50 Rpt:		Kolkhorst, Lois W. (The Honorable)		00041354		
4	Date	5	Payee name				
	11/06/2024		Capitol Commission Texas				
6	Amount (\$)	7	Payee address; City; State; Zip Code				
	\$1,500.00		c/o Scot Wall				
			12302 Marshall Dr.				
			Magnolia, TX 77354				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE			vel outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE			stin, TX,	officeholder living	expense	
			Donation				
_	2	L					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought		Office he	eld	
	·	_					
	Date		Payee name				
	09/30/2024		Caroline Harris Davila Campaign				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$2,000.00		P.O. Box 700				
			Round Rock, TX 78680				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		Contributions/Donations Made by		de of Texas. Com officeholder living		
			Candidate/Officeholder/Political Committee Campaign			ехрепае	
			33				
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office he	eld	
	expenditure to benefit C/OI	Н	•				
	Date	Π	Payee name				
	08/13/2024		Central Fort Bend Chamber of Commerce				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$355.00		4120 Avenue H				
			Rosenberg, TX 77471				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description				
	OF	``'		vel outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Check if Aus		officeholder living	expense	
			Membershi	ip Du	es		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought		Office he	eld	
	experientare to beliefft G/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/16/2024	Chapa, Samantha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	10593 Lake Palmetto Drive
		Conroe, TX 77385
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor Campaign Services
		Contract Labor Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Power name
	12/18/2024	Payee name Chana, Samantha
		Chapa, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	10593 Lake Palmetto Drive
		Conroe, TX 77385
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Christmas Bonus
		Cilistinas Bonas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	09/27/2024	Payee name Chappell Hill Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.00	P. O. Box 113
		9000 Hwy 290 East
		Chappell Hill, TX 77426
	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 Chamber Dues
		Chamber Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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:	
	Sch: 14/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/06/2024	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,011.80	Cardmember Service
		P. O. Box 15123
		Wilmington , DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of Credit Card Bill for Credit Card
		Expenditures
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	
	12/30/2024	Payee name Chase Card Services
	Amount (\$) \$4,173.63	Payee address; City; State; Zip Code
	₽4,173.03	Cardmember Service
		P. O. Box 15123
		Wilmington , DE 19850
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment in credit card for Campaign Expenses
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	12/03/2024	Chick-Fil-A Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.67	1161 US HWY 290 East
	Ψ113.07	1101 03 11W1 230 Eust
		Brenham, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch staff workshop
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date	5 Payee name
09/30/2024	Embassy Records Management & Storage
6 Amount (\$) \$62.24	7 Payee address; City; State; Zip Code P.O. Box 5449
	Bryan, TX 77805
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shredding of Paper
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/16/2024	Fischer, Andrea
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 9858 Friendship Circle
	Burton , TX 77835
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/18/2024	Fischer , Andrea
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 9858 Friendship Circle
	Burton , TX 77835
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)	
	Sch: 16/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354		
4	Date	5 Payee name		
	12/18/2024	Fischer , Andrea		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$750.00	9858 Friendship Circle		
		Burton , TX 77835		
8	PURPOSE			
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Contract Labor Campaign Services Christmas Ca	rd	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H		
	Date	Payee name		
	07/29/2024	Fort Bend Buyers Group		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	P. O. Box 19742		
		Sugar Land, TX 77496-9742		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if to use outside of Taylor Complete Schedule T		
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Donation		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experientare to beriefit Great			
	Date	Payee name		
	11/12/2024	Fort Bend Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$45.00	445 Commerce Green Blvd.		
		Sugar Land , TX 77478		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
	_/	Check if Austin, TX, officeholder living expense 17th Annual State of the Schools		
		Trui Ainuai State of the Schools		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354	
4	Date	5 Payee name	
	08/13/2024	Fort Bend Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	445 Commerce Green Blvd.	
		Sugar Land, TX 77478	
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	
		Membership Dues	
		Wellie Bucc	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	10/24/2024	Fort Bend Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	445 Commerce Green Blvd.	
		Sugar Land, TX 77478	
	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	
		Infrastructure Progress and Future Development	
		meeting	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
H	Date	Payee name	_
	11/06/2024	Fort Bend Republican Party	
L			
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code Doug White	
	φ2,500.00	-	
		5423 Ashley Way Court	
		Sugar Land , TX 77479	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation	
		Donation	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	10/24/2024	Fort Bend Republican Women's Club PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	c/o Lori Townsend
		26 Charleston Street North
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Meeting
		Worlding Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	07/16/2024	Gibson, Paula
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2222 Mossy Glen Court
		Richmond , TX 77406
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Ч
	Date	Payee name
	12/18/2024	Gibson, Paula
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2222 Mossy Glen Court
		Richmond , TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Christmas Bonus
		Gillistinas Bonds
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 19/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	08/13/2024	Gonzales Chamber Of Commerce & Agriculture
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	304 Saint Louis St.
		Gonzales, TX 78629
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
		Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	07/29/2024	Greater Houston Council of Federated Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	Lois Gremminger, Treasurer
		9741 Katy Freeway, #272
		Houston, TX 77024
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit or of	
	Date	Payee name
	12/17/2024	Greater Schulenburg Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P. O. Box 65
		618 North Main St.
		Schulenburg, TX 78956
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wiembership Bues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	12/03/2024	Greater Sealy Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.00	309 Main /street
		Sealy, TX 77474
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Membership Dues
Ļ	- 1 ·	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/03/2024	Gruning, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$666.66	6636 W. William Cannon Dr., Apt. 933
		Austin , TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/03/2024	H. E. B. Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.41	2508 S. Day St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Soda's, Water, Coffee for Meetings
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4 Date	5 Payee name	1
11/22/2024	H. E. B. Brenham	
6 Amount (\$) \$69.78	7 Payee address; City; State; Zip Coo 2508 S. Day St.	de
	Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for snacks and drinks for staff workshop.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held
Date	Payee name	
09/27/2024	Harris County Republican Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Coo 8588 Katy Freeway, Suite 445	de
	Houston , TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date 12/18/2024	Payee name Heare, Ryan	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Coo 6001 South Congress Avenue Apt. 1131 Austin, TX 78745	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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 Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	_	nse es/Contract Labor	Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1: Sch: 22/50 Rpt:	FILER NAME Kolkhorst, Lois W. (The Honorable)			3 Filer ID 00041354	(Ethics Commission Filers)
4	Date				00041004	
4	12/18/2024	Payee name Heare, Ryan				
6	Amount (\$)	Payee address; City; St	ate; Zip Code			
	\$107.28	6001 South Congress Avenue				
		Apt. 1131				
		Austin, TX 78745				
8	PURPOSE OF	a) Category (See Categories listed at the top of this	s schedule) (b)	Description	untaida af Taura Oanna	dete Cabadula T
	EXPENDITURE	Travel In District			outside of Texas. Comp TX, officeholder living	
						staff Legislative
				Workshop in I	Brenham 11-18	-2024
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	:	Office he	ld
	Date	Payee name				
	09/14/2024	Home Depot Brenham				
	Amount (\$)		ate; Zip Code			
	\$819.46	2801 Wood Ridge Blvd.				
		Brenham , TX 77833				
	PURPOSE OF	A) Category (See Categories listed at the top of this	s schedule) (b)	Description		dete Och edule 7
	EXPENDITURE	Office Overhead/Rental Expense		<u> </u>	outside of Texas. Comp TX, officeholder living	
				Moving Boxes	s, Package Tap	e and Packing Paper
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	<u> </u>	Office he	ld
	Date	Payee name				
	11/01/2024	Home Depot Brenham				
	Amount (\$)	, ,,	ate; Zip Code			
	\$126.69	2801 Wood Ridge Blvd.				
		Brenham , TX 77833				
	PURPOSE OF	A) Category (See Categories listed at the top of this	s schedule) (b)	Description		
	EXPENDITURE	Office Overhead/Rental Expense			outside of Texas. Comp TX, officeholder living	
				Additional Pag	cking Supplies	for moving; boxes, tape
				and packing p	paper	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office he	ld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 cor	nple	ete this form.
1	Total pages Schedule F1: Sch: 23/50 Rpt:	FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4	Date 09/27/2024	5 Payee name K K Janitorial, LLC		'
6	Amount (\$) \$378.88	7 Payee address; City; State; Zip Coo 3023 Industrial Blvd Brenham , TX 77833	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cleaning if new office space before moving in
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght	Office held
	Date 12/30/2024	Payee name Kolkhorst , Lois		
	Amount (\$) \$973.68	Payee address; City; State; Zip Coo 5505 Spreen Road Brenham , TX 77833	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement for October, November and December
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date 11/01/2024	Payee name Kolkhorst, Lois W.		
	Amount (\$) \$662.22	Payee address; City; State; Zip Coo 5505 Spreen Road	de	
		Brenham, TX 77833		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage reimbursement for July, August and September 2024
	Complete ONLY if direct expenditure to benefit C/O	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/09/2024	Kwik Kopy Business Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.14	2305 S. Day St.
		Brenham, TX 77833
8	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
		Mailing to Constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	08/13/2024	Kwik Kopy Business Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.83	2305 S. Day St.
		Brenham, TX 77833
	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 Mailings to Constituents
		Mainings to Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Para and a second secon
	Date 09/12/2024	Payee name Kwik Kony Pusiness Contar
		Kwik Kopy Business Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.15	2305 S. Day St.
		Brenham, TX 77833
	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
		Mailing to Constituents
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	10/03/2024	Kwik Kopy Business Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.75	2305 S. Day St.
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mailings to constituents
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Kwik Kopy Business Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.84	2305 S. Day St.
		Brenham, TX 77833
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Mailings to Constituents
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/24/2024	Kwik Kopy Business Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.51	2305 S. Day St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wellbership Bues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: Sch: 26/50 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
	<u> </u>	
4	Date	5 Payee name
	09/04/2024	Leadership Montgomery County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	505 West Davis
		Conroe, TX 77301
_	DUDDOGE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership Dues
		monitorising Busic
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Magnolia Republican Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	18640 FM 1488
		Ste. A-194
		Magnolia, TX 77354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
		Donation
	Onesalata ONII V if alicent	One district Office helds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	McCarty, Betty
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7703 FM 332
		Brenham , TX 77833
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
		Contract Labor Gampaign Scrivices
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 27/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/29/2024	McCarty, Betty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	7703 FM 332
		Brenham , TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
		Contract Labor Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	12/18/2024	McLoughlin, Grant
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	916 Fenway Park Court
	Ψ1,000.00	510 F GHWay F airk Count
		Round Rock , TX 78665
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Christmas Bonus
		Cilistilas bulus
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Power name
	12/18/2024	Payee name Metteauer, Maureen
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	602 Harthan St.
		A (1) . T. V. 70700
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Bonus
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 28/50 Rpt:	Kolkhorst, Lois W. (The Honorable)
4	Date	5 Payee name
	12/18/2024	Metteauer, Maureen
6	Amount (\$) \$107.28	7 Payee address; City; State; Zip Code 602 Harthan St.
		Austin , TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Mileage Reimbursement for Legislative workshop in Brenham 11-18-2024
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2024	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	18001 HWY 105 West
		Suite 101
		Montgomery , TX 77356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Moore , Kim
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	112 Andover Street
		Victoria , TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services
H	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense 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: 2	
Sch: 29/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date 5	Payee name
12/18/2024	Moore , Kim
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$500.00	112 Andover Street
	Victoria, TX 77904
8 PURPOSE (a	A) Category (See Categories listed at the top of this schedule) (b) Description
OF `	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Christmas Bonus
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
10/09/2024	Moulton Chamber of Commerce and Agriculture
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	P.O. Box 482
	Mouton , TX 77975
	A) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Membership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name Must Pa Heaven
11/19/2024	Must Be Heaven
Amount (\$)	Payee address; City; State; Zip Code
\$156.96	107 W. Alamo St.
	Brenham, TX 77833
PURPOSE (a	a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Lunch for Staff Workshop
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 30/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/31/2024	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
8	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 Bank Fee for the month of July
		Bank Fee for the month of July
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davida nama
		Payee name
L	08/31/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
	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
		Monthly Bank Fee for the month of August
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┡		
	Date	Payee name
	09/30/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2000 South Market St.
		Brenham , TX 77833
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Bank Fee for the month of September
L	Operated ONE V. V. V.	Out that Off a half a range of the same that
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 31/50 Rpt:	FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4	Date 10/31/2024	5 Payee name PNC Bank	•
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 2000 South Market St. Brenham , TX 77833	
8	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Bank Charges for the month of October
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/30/2024	Payee name PNC Bank	
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 2000 South Market St. Brenham , TX 77833	
	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 Monthly Bank fee for the month of November
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/31/2024	Payee name PNC Bank	
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 2000 South Market St.	
		Brenham , TX 77833	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Bank fee for the month of December
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	
	12/26/2024	Port Lavaca Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.00	2300 Hwy. 35 S	
		Port Lavaca, TX 77979	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1 665	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Membership	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	vH	
	Date	Payee name	
	12/17/2024	Rascoe, Carlyle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	7 Riverway	
		#809	
		Houston, TX 77056	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense y for Christmas Card
		1	y for Officialities Said
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	10/25/2024	Red & Blue United	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$441.66	3607 Hwy 6	
		Sugar Land, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense em for charitable fundraising event,
		Constitution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Cindo neid

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	07/29/2024	Refugio County Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	301 N. Alamo St.
		Refugio, TX 78377
8	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/13/2024	Republican Club of Aransas County
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 2296
	,	
		Fulton, TX 78358
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H Office sought Office near Office sought
_	Data	
	Date	Payee name
	09/28/2024	Republican Women of Yoakum Area
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.16	1800 North Avenue J
		Shiner, TX 77984
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation Item for Charitable Fundraising Event - Porch Rocker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officer Credit Card Payment		The Instruction Guide explains how to a	-	lete this form.
1 Total pages Sche	edule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 34/50	Rpt:	Kolkhorst, Lois W. (The Honorable)		00041354
4 Date		5 Payee name		•
11/18/2024		Reyes, Eric		
6 Amount (\$)	5414.40	7 Payee address; City; State; Zip C 11942 Texas-159 Bellville, TX 77418	ode	
0 DUDDOSE			(h)	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catered Dinner Meal for Staff workshop
9 Complete ONLY expenditure to be		Candidate/Officeholder name Office so	ught	Office held
Date		Payee name		
08/13/2024		Rhodes, Brinn		
Amount (\$)	\$400.00	Payee address; City; State; Zip C 4850 FM 2780 Burton , TX 77835	Code	
PURPOSE			(b)	N. D. constitution
OF EXPENDITURE	:	(a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(0)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY expenditure to be		Candidate/Officeholder name Office so	ought	Office held
Date		Payee name		
08/13/2024		Round Top Area Chamber of Commerce		
Amount (\$)	\$50.00	Payee address; City; State; Zip C 203 North Washington Street	Code	
		Round Top, TX 78954		
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 Membership Dues
Complete ONLY expenditure to be		Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/01/2024	Seidel Schroeder & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2707 South Market St.
		Brenham, TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Preparation of Form 1099 & 1096 for 2023
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/13/2024	Shack, Edward M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,640.00	4410 Bellvue Avenue
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Review of Ethics Report
		Review of Littles Report
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/04/2024	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	Texas Senate
	Ψ200.00	
		P. O. Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation for Senate Christmas Charity
		Donation to Contact Charley
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4 Date	5 Payee name
07/16/2024	Steinbach, Chris
6 Amount (\$) \$8,400.00	7 Payee address; City; State; Zip Code P. O. Box 195
	Brenham, TX 77834
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/18/2024	Steinbach, Chris
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P. O. Box 195
	Brenham, TX 77834
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/06/2024	Sweetgrass Republican Club
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1006 Cleistes Lane
	Richmond, TX 77469
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 0 1 1 54	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 37/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	09/11/2024	Texas Department of Criminal Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$692.80	P.O. Box 4013
		Horses ille TV 77400
		Huntsville, TX 77432
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Donation items for Charitable Fundraising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2024	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$766.41	P.O. Box 4013
		Huntavilla TV 77422
		Huntsville , TX 77432
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation terms for Charitable Fundraising
	0 1: 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2024	Texas Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1100 Congress Avenue
		Austin , TX 78701
_	PURPOSE	1
	OF	/
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texas Senate Ladies Club Gala Tickets
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4	Date	5 Payee name	·
	12/05/2024	Texas Senate Publication and Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$194.50	P.O. Box 12068	
		Austin , TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Printing of 2025 Senate Calendar
			Timing of 2020 contact catorida.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		C.II.GC II.GC
_	Date	Payee name	
	09/03/2024	The Chamber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.50	P.O. Box 52	
	400.00	1.0. 50% 02	
		Giddings, TX 78744	
	PURPOSE	-	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 555	Check if Austin, TX, officeholder living expense
			Membership Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree		
	Date	Payee name	
	12/05/2024	The Lighthouse Inn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.70	200 South Fulton Beach Road	
		Rockport , TX 78382	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Hotel fee for overnight travel to Victoria meetings
			with constituents 10-28-29-24
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- -	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services					OTHER (enter a category not listed above)		
			The Instruction Gu	ide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 39/50 Rpt:	Kolkhors	st, Lois W. (The Hon	orable)				00041354		
4	Date	5 Payee na	ame							
	12/26/2024	The Tab	ole							
6	Amount (\$)	7 Payee ac	ddress; City;	State; Zip Co	ode					
	\$35.00	14033 C	Cinco Ranch Blvd.							
		Katy, TX	(77494							
8	PURPOSE	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Event E	xpense						plete Schedule T.	
						Lunch meetin		officeholder living	g expense	
						Lunchmeeth	ıy.			
9	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	ıaht			Office he	ald	
ľ	expenditure to benefit C/O		Officeriolaer flame	Office 300	agrit			Office fic	siu .	
_	Date	Payee na								
	12/18/2024	Tiblier, L								
	Amount (\$)	Payee ac		State; Zip Co	ahe					
	\$1,000.00	1	mone Avenue	State, Zip Ct	Jue					
	Ψ1,000.00	Unit 328								
			TX 78723		Las					
	PURPOSE OF		(See Categories listed at th		(a)	Description Check if travel	nutei	de of Teyes Com	plete Schedule T.	
	EXPENDITURE	Salanes	:/Wages/Contract La	נטטו		<u> </u>		officeholder living		
						Christmas Bo	nu	S		
	Complete ONLY if direct		/Officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee na	ame							
	12/18/2024	Tiblier, L	_ucy							
	Amount (\$)	Payee ac	ddress; City;	State; Zip Co	ode					
	\$107.28	1701 Siı	mone Avenue							
		Unit 328	}							
		Austin, ⁻	TX 78723							
	PURPOSE	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		n District			ш			plete Schedule T.	
								officeholder living	staff Legislative	
						workshop in E				
\vdash	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	Jaht			Office he	eld	
	expenditure to benefit C/O			2.1100 300	t			C00 TR		
l										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

pense Travel in District spense Travel Out of D /ages/Contract Labor OTHER (enter

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	11/20/2024	Tiemann, Annette
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.50	1404 Tracey Lee Dr.
		Brenham , TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantific to belieff 6/0	
	Date	Payee name
	12/18/2024	Tiemann, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	5085 Roadrunner Lane
		Brenham , TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>
	Date	Payee name
	12/24/2024	Tiemann, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	5085 Roadrunner Lane
		Brenham , TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor Campaign Services - Christmas
		Cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T-+-1 C- -	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 41/50 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4	Date	5 Payee name
	07/16/2024	Tiemann, Cheryl
6	Amount (\$) \$6,200.00	7 Payee address; City; State; Zip Code 5085 Roadrunner Lane Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRACT LABOR CAMPAIGN SERIVICES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	Tuscany Italian Grill
	Amount (\$) \$60.97	Payee address; City; State; Zip Code 100 Hwy 290 E Brenham, TX 77833
	DUDDOCE	In.
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch to Discuss Constituent and Legislative Issues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/26/2024	Twitter, Inc
	Amount (\$) \$245.51	Payee address; City; State; Zip Code 1355 Market Street Suite 900 San Francisco, CA 94103
	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 Reimbursement for Campaign Twitter Premium
		Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 f	orm.
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/50 Rpt:	Kolkhorst, Lois W. (The Honorable)	00041354
4		5 Payee name	
Ļ	07/24/2024	U. S. Postal Service	
6	Amount (\$) \$13.23	7 Payee address; City; State; Zip Code 309 N. Market St.	
	Ψ13.20	505 W. Market St.	
		Brenham, TX 77833	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion
	OF EXPENDITURE	Fees	ck if travel outside of Texas. Complete Schedule T.
		,	ck if Austin, TX, officeholder living expense gs to Constituents
		, maini	go to constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	12/05/2024	U. S. Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,168.20	309 N. Market St.	
		Bronham TV 77022	
	PURPOSE	Brenham, TX 77833	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description:	OTION ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Mailin	gs to Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Cince Hold
F	Date	Payee name	
	12/05/2024	Vallee, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.80	9008 Golden Leaf Drive	
		Austin , TX 78748	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description	otion ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haverin District	ck if Austin, TX, officeholder living expense
			Hotel Reimbursement for Legislative
			hop 11-18-2024
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	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 (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to co	plete this form.	,	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Com	mission Filers)	
Sch: 43/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354			
4 Date	5 Payee name	•		
12/18/2024	Vallee, Michael			
6 Amount (\$)	7 Payee address; City; State; Zip Co	e		
\$500.00	9008 Golden Leaf Drive			
	Austin , TX 78748			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T		
EXI ENDITORE		Check if Austin, TX, officeholder living expense		
		Christmas Bonus		
Complete ONLY if direct	Candidata/Officeholder name Office ser	ht Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	nt Onice neid		
Dete				
Date	Payee name			
07/16/2024	Vici Media Group			
Amount (\$)	Payee address; City; State; Zip Co	e		
\$160.13	5101 Bonneville Bend			
	Austin, TX 78744			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description		
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense		
		SAAS Website/Website Framework Mu	lti Page	
		Subscription Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held		
expenditure to benefit C/O				
Date	Payee name			
08/13/2024	Vici Media Group			
Amount (\$)	Payee address; City; State; Zip Co	e e		
\$160.13	5101 Bonneville Bend			
	Austin, TX 78744			
PURPOSE		b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T		
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense		
		SAAS Website Framework		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held		
expenditure to benefit C/O	H			

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	08/13/2024	Vici Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.36	5101 Bonneville Bend
l		
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yearly Domain Renewal Lois.ForTexas.com
l		really bolliam removal 2015.1 of rexastorm
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Payee name
l	09/03/2024	Vici Media Group
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$160.13	5101 Bonneville Bend
l	Ψ100.13	3101 Bonnevine Bend
l		Austin, TX 78744
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SAAS Website Framework Multi Page Subscription
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	09/30/2024	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
l	\$160.13	5101 Bonneville Bend
l		
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		SAAS Website Framework
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
H		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By 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: Sch: 45/50 Rpt:	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4	Date	5 Payee name
	11/01/2024	Vici Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
		Austin, TX 78744
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SAAS Websites Framework and Multi Page Subscription Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.92	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Domain Reservation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SAAS Website Framework
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 46/50 Rpt:	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	10/16/2024	Victoria Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.00	P. O. Box 2465
		7403 Lone Tree Rd., Suite 211. 77905
		Victoria, TX 77902-2465
8	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/17/2024	Victoria County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	115 South Main
		Victoria, TX 77901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation
		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
\vdash	Date	Payeo namo
	12/19/2024	Payee name Victoria County Republican Party
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.00	115 South Main
		Victoria, TX 77901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Rocking Horse
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 47/50 Rpt: Kolkhorst, Lois W. (The Honorable) 00041354 4 Date Payee name 09/03/2024 Victoria County Republican Women's Club 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P. O. Box 4711 Victoria, TX 77903 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 Wal Mart Brenham Amount (\$) Payee address; City; State; Zip Code \$96.76 203 US Loop 290 West Brenham, TX 77833 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies for Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/14/2024 Wal Mart Supercenter Brenham Amount (\$) Payee address: City; State; Zip Code \$81.14 203 US Loop 290 West Brenham, TX 77833 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Moving Boxes Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide (Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
_	Sch: 48/50 Rpt:		is W. (The Honora	ble)				00041354	(,
4	Date	5 Payee name								
	11/22/2024		oercenter Brenham	1						
6	Amount (\$)	7 Payee address	s; City;	State; Zip Co	ode					
	\$17.52	203 US Loop	290 West							
		Brenham, Tメ	77833							
8	PURPOSE OF		Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bevera	ge Expense			=		de of Texas. Com officeholder living		
						WATER FOR				
									0	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Office	eholder name	Office sou	<u>l</u> ıght			Office he	eld	
_	Date	Payee name								
	07/16/2024	_	County Chamber C	of Commerce						
	Amount (\$)	Payee address		State; Zip Co	nde					
	\$275.00	314 South A	•	State, Zip Ot	Juc					
	Ψ213.00	314 30utii Ai	JSIII St.							
		Brenham, TX	77833							
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Com		
						Membership		officeholder living	expense	
						Membership	Du	C 3		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıaht			Office he	ald	
	expenditure to benefit C/Oh			011100 000	agiii.			Omoc ne		
H	Date	Payee name								
	10/09/2024		County Fair Associ	ation						
	Amount (\$)	Payee address		State; Zip Co	ahr					
	\$3,751.95	_	Bell Rd., Suite 110		Juc					
	Ψ3,731.93	1303 L. Dide	Deli Ru., Suite III	J						
		Brenham, TX	77833							
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		/Donations Made I					de of Texas. Com		
		Candidate/O	fficeholder/Political	Committee		_	, TX,	officeholder living	expense	
						Donation				
_	Complete CNU V 'C ''	Completed 1000	ala alalau ··· ··· ·	Ott:	! :			Off: 1	.la	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enolaer name	Office sou	ignt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 49/50 Rpt:	Kolkhorst, Lois W. (The Honorable) Carrier in Carrier
4	Date	5 Payee name
	12/05/2024	Washington County Healthy Living Associaton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$363.16	P.O. Box 401
		1301 East Tom Green Street
		rental , TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2024	Washington County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 479
	·	
		Brenham, TX 77834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
L	08/15/2024	Washington County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. box 723
		Brenham, TX 77834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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 Credit Card Payment	/ - al Comi	mittee	Legal Servic	Memorials Expense		Expens /Wages	e 'Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1: Sch: 50/50 Rpt:	1			he Honorable)				3	Filer ID 00041354	(Ethics Commission Filers)	
_	Date				Tie Honorabie)				<u> </u>	00041334		\dashv
4	12/05/2024		Payee nan Yoakum <i>i</i>		ber of Commerc	e						
6	Amount (\$)		Payee add			te; Zip C	ode:					\dashv
ľ	\$50.00	1	P. O. Box		.,,	, <u></u> p	, , ,					
		\	Yoakum,	TX 77995								
8	PURPOSE OF	(a) (Category	(See Categories	s listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	F	Fees					ш		ide of Texas. Com , officeholder living		
								Membership			, oxponed	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/C	Officeholder r	name	Office so	ught			Office he	eld	

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F3: Sch: 1/1 Rpt: 123/146								
FILER NAME		3 Filer ID (Ethics Commission Filers)						
Kolkhorst, Lois V	V. (The Honorable)	00041354						
Date 07/31/2024	5 Name of person from whom investment is purchased Citizens State Bank Somerville							
	6 Address of person from whom investment is purchased; City 155 Eighth Street Somerville, TX 77879							
	7 Description of investment Purchase Certificate of Deposit							
	8 Amount of investment (\$) 100,000.00							
Date 07/31/2024	Name of person from whom investment is purchased Citizens State Bank Somerville							
	Address of person from whom investment is purchased; City 155 Eighth Street	Address of person from whom investment is purchased; City; State; Zip Code 155 Eighth Street						
	Somerville , TX 77879							
	Description of investment Purchase of Certificate of Deposit							
	Amount of investment (\$) 200,000.00							

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

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 (Ethi	cs Commis	sion Filers)
	Sch: 1/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354		
4	CREDIT CARD ISSUER		ncial institution rd Services	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$785.97	(b) Date of Charge 12/18/2024	(c) Date(s 12/30/20) Credit Card Issue)24	r Paid		
7	PAYEE	(a) Payee name Lulu's Round Top		(b) Payee 204 E M		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	•	e staff		
	X Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
	9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH				Office held			
	PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 10/24/2024	(c) Date(s 11/06/20) Credit Card Issue)24	r Paid		
	PAYEE	(a) Payee name Zoom.US		55 Alma	address; e Headquarters den Boulevard, 6 e, CA 95113	City, th Floor	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri		Cost		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$47.89	(b) Date of Charge 10/28/2024	(c) Date(s 12/30/20) Credit Card Issue)24	r Paid		
	PAYEE	(a) Payee name Cuero Pecan Hous	e		address; th Esplanade Stro TX 77954	City, eet	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descri Lunch w	ption ith staff to discus:	s meetings in C	Cuero.	
$ldsymbol{ld}}}}}}$	Non-Political		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
I								

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 Insti	ruction Guide explains how	to complete	this form.	(* ** *********************************		,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 2/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$365.63	(b) Date of Charge 10/29/2024	(c) Date(s) 12/30/20	Credit Card Issuei 24	r Paid		
7 PAYEE	(a) Payee name Lighthouse Inn at A	ransas Bay		address; h Fulton Beach F : , TX 78382	City, Road	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	Receptio	n for constituents	5		
Non-Political	(c) Company autor salabas at 19 mas. Semipate seminate :			Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sou					Office held		
PAYMENT	(a) Amount Charged \$479.80	(b) Date of Charge 10/31/2024	(c) Date(s) 12/30/20	Credit Card Issuei 24	Paid		
PAYEE	(a) Payee name Facebook			address; California Ave. , CA 94304	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$37.49	(b) Date of Charge 11/01/2024	(c) Date(s) 12/30/20	Credit Card Issuei 24	r Paid		
PAYEE	(a) Payee name Google LLC			address; phitheatre Parkw ı View , CA 9404:	•	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense Google Voice Service						
Non-Political	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	Candidate/Officeholder	name Office	e sought		Office held		
I							

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 (Ethic	cs Commiss	sion Filers)
	Sch: 3/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$		
6	PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 11/01/2024	(c) Date(s) Cre 12/30/2024	edit Card Issuer	Paid		
7	PAYEE	(a) Payee name Google LLC			heatre Parkw		State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description	ew , CA 94043 scription Serv			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expens			ense	
Complete ONLY if direct candidate/Officeholder expenditure to benefit C/OH				e sought		Office held		
	PAYMENT	(a) Amount Charged \$26.07	(b) Date of Charge 11/01/2024	(c) Date(s) Cre 11/06/2024	edit Card Issuer	Paid		
	PAYEE	(a) Payee name (b) Payee address; P. O. Box 2220 Manchaca, TX 78652-22			220	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	·	(b) Description	1	th Committee o	offices	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$120.30	(b) Date of Charge 11/06/2024	(c) Date(s) Cre 12/30/2024	edit Card Issuer	Paid		
	PAYEE	(a) Payee name The Rouxpour Resi	taurant	(b) Payee add 2643 Comm Katy, TX 774	ercial Center I	City, Blvd., Suite A3	State, 00	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description		ff			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Öffice	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 (Ethic	s Commiss	sion Filers)
Sch: 4/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$114.15	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issue 12/30/2024	r Paid		
7 PAYEE	(a) Payee name Lulu's Round Top		(b) Payee address; 204 E Mill St.	City,	State,	Zip Code
	(a) Oatawari		Round Top, TX 78954			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff Luncheon to discuss	s Constituent Ca	ise	
Non-Political	(1)	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 \$178.58	(b) Date of Charge 11/11/2024	(c) Date(s) Credit Card Issue 12/30/2024	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Wall Street Journal		1211 Avenue of Americas	3		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top	of this schedule)	New York, NY 10036 (b) Description Wall Street Journal Subsc	cription		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$81.28	(b) Date of Charge 11/12/2024	(c) Date(s) Credit Card Issue 12/30/2024	r Paid		
PAYEE	(a) Payee name TFK - True Food Ki	tchens	(b) Payee address; 222 West Avenue Suite HR 100 Austin , TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Dinner with staff to discus Hearing	ss Health and H	uman Se	ervices
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	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

eimbursement Solicitation/Fundraising Expense
rental 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 t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 5/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$573.94	(b) Date of Charge 11/13/2024	(c) Date(s) 12/30/202	Credit Card Issuer 24	r Paid		
7 PAYEE	(a) Payee name Cava Catering		(b) Payee address; City, State, Zip Co Westlake Hills 701 South Capital of Texas Highway Westlake Hills, TX 78746				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for Senate members of the Health and Human Services Committee during Hearing on 11.12.2024				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held			
PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 11/20/2024	(c) Date(s) 12/30/202	Credit Card Issuer 24	r Paid		
PAYEE	(a) Payee name Mailchimp Atlanta			et Science Grou e de Leon Ave N	•	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Mailchim	ntion o subscription pa	yment		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$140.32	(b) Date of Charge 11/21/2024	(c) Date(s) 12/30/202	Credit Card Issuer 24	r Paid		
PAYEE	(a) Payee name White Pages Premi	um	(b) Payee address; City, State, Zip White Pages Corporate Headquarters 1301 5th Avenue, Suite #1600 Seattle, WA 98101			Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	(b) Description White pages Subscription payment					
Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	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	his form.				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (E	Ethics Commiss	sion Filers)
	Sch: 6/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)				00041354		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEI DITURES ED TO A C		\$		
6	PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 11/24/2024	(c) Date(s) 12/30/20	Credit Car 24	d Issuer	Paid		
7	PAYEE	(a) Payee name Zoom.US		(b) Payee address; San Jose Headquarters 55 Almaden Boulevard, 6 San Jose, CA 95113			City, h Floor	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Conference Call Meeting			Cost		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if A	ustin, TX,	officeholder living	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
	PAYMENT	(a) Amount Charged \$331.19	(b) Date of Charge 11/30/2024	(c) Date(s) 12/30/20	Credit Car 24	d Issuer	Paid		
	PAYEE	(a) Payee name Facebook			address; California A , CA 9430	-	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip	tion	-			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if A	ustin, TX,	officeholder living	expense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
	PAYMENT	(a) Amount Charged \$37.49	(b) Date of Charge 12/01/2024	(c) Date(s) 12/30/20		d Issuer	Paid		
	PAYEE	(a) Payee name Google LLC			address; phitheatre View , C <i>F</i>			State,	Zip Code
	PURPOSE OF (a) Category			(b) Descrip	tion				
	EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense			Google V	oice Servi	ices			
	X Political Advertising Expense								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if A	ustin, TX,	officeholder living	expense	
е	Complete ONLY if direct xpenditure 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

l		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)		
l	Sch: 7/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	\$			
6	PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Car 12/30/2024	rd Issuer Paid			
7	PAYEE	(a) Payee name Google LLC		(b) Payee address; 1600 Amphitheatre	-	State,	Zip Code	
Ļ	DUDDOG 05	(a) Cataman		Mountain View , C.	A 94043			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description G-Suite Subscription	on Services			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			Check if A	Austin, TX, officeholder living e	xpense		
	9 Complete ONLY if direct Candidate/Officeholder name Of expenditure to benefit C/OH			e sought	Office held			
	PAYMENT	(a) Amount Charged \$32.56	(b) Date of Charge 12/02/2024	(c) Date(s) Credit Car 11/06/2024	rd Issuer Paid			
	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220 Manchaca, TX 786	City, 552-2220	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description	nd Health Committee	e Offices		
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	xpense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$33.14	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Car 11/06/2024	rd Issuer Paid			
	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220 Manchaca, TX 786	City, 552-2220	State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Water for Austin ar	nd Health Committee	e Offices		
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	xpense		
ε	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 -

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

Candidate/Officeholder/Politica	-			THER (enter a catego	ry not listed at	oove)	
4. Tatal name Calcadala EA		ruction Guide explains how	to complete this form.	a =:115 /545:	0	-: Fil\	
1 Total pages Schedule F4:		(The Henerable)		3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 8/21 Rpt:	Kolkhorst, Lois W. (•	T	00041354			
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$			
ISSUER	see pr	revious	CHARGED TO A CREDIT				
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$257.95	12/04/2024	12/30/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			P.O. Box 36647-1CR				
	Southwest Airlines						
			Dallas, TX 75235				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Fly to Harlingen & back to		ion of ne	w hospital,	
X Political	Travel Out of District		meet with Healthcare indiv	viduals			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$139.13	12/23/2024	12/30/2024				
	Ψ100.10	12/25/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			The Rocket Science Grou	p. LLC		·	
	Mailchimp Atlanta		675 Ponce de Leon Ave N	•			
			Atlanta, GA 30308	,			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Mailchimp Subscription				
X Political	Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
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 Issuer	r Paid			
	\$28.57	07/01/2024	11/06/2024				
	Ψ20.51	01101/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			P. O. Box 2220	•	•	·	
	Hill Country Springs	s, Inc.					
			Manchaca, TX 78652-222	20			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Water for Austin and Heal	th Committee	Offices		
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living exp	 nense		
Complete ONLY if direct							
expenditure to benefit C/OH			3 -				
,							

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 th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 9/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$20.07	(b) Date of Charge 07/01/2024	(c) Date(s) (11/06/202	Credit Card Issuer 4	Paid			
7	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee at P. O. Box		City,	State,	Zip Code	
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Water for Austin and H				on	th Committee	Offices		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$37.08	(b) Date of Charge 07/01/2024	(c) Date(s) (11/06/202	Credit Card Issuer 4	[*] Paid			
	PAYEE	(a) Payee name Google LLC			ddress; hitheatre Parkw View , CA 94043		State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descripti		3			
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 07/01/2024	(c) Date(s) (11/06/202	Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name Google LLC			ddress; hitheatre Parkw View , CA 94043		State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense				(b) Descripti G-Suite Su	ubscription Serv				
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

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 Salaries/Mange/Control Labor

	The Inst	ruction Guide explains how		HER (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)	
Sch: 10/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$135.31	(b) Date of Charge 07/09/2024	(c) Date(s) Credit Card Issuer 11/06/2024	Paid	
7 PAYEE	(a) Payee name Texas Capitol Gift S	Shop	(b) Payee address; City, State, 2 1400 N. Congress Ave., E1.006 Austin, TX 78701		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officehold	ns Made By	Purchase if items to be do	onated for charitable events	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			e sought	Office held	
PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issuer 11/06/2024	r Paid	
PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; The Rocket Science Grou 675 Ponce de Leon Ave N Atlanta, GA 30308	•	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mailchimp Subscription Pa	ayment	
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	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 07/24/2024	(c) Date(s) Credit Card Issuer 11/06/2024	r Paid	
PAYEE	(a) Payee name Zoom.US		(b) Payee address; San Jose Headquarters 55 Almaden Boulevard, 6t San Jose, CA 95113	City, State, Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Fees Conference All Meeting Cost		
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	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 t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 11/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$75.37	(b) Date of Charge 07/30/2024	(c) Date(s) 11/03/20	Credit Card Issue 24	r Paid		
7 PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee a South Mo	ppac FSU #0113	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip		n Staff		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH					Office held		
PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 08/01/2024	(c) Date(s) 11/06/20	Credit Card Issue 24	r Paid		
PAYEE	(a) Payee name Google LLC			address; phitheatre Parkw View , CA 9404		State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$49.56	(b) Date of Charge 08/01/2024	(c) Date(s) 11/06/20	Credit Card Issue 24	r Paid		
PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee and P. O. Box		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	·	(b) Description Water for Austin and Health Committee Offices				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
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	s Commiss	sion Filers)	
	Sch: 12/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$			
6	PAYMENT	(a) Amount Charged \$20.07	(b) Date of Charge 08/01/2024	(c) Date(s) Cre 11/06/2024	dit Card Issuer	Paid			
7	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee add	20	City,	State,	Zip Code	
L					X 78652-2220	<u> </u>			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Water for Au		h Committee C	Offices		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Ľ	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 08/01/2024	(c) Date(s) Cre 11/06/2024	edit Card Issuer	Paid			
	PAYEE	(a) Payee name		(b) Payee add	ess;	City,	State,	Zip Code	
		Google LLC		1600 Amphit	heatre Parkwa	ay			
				Mountain View , CA 94043					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice					
	X Political Non-Political	(2) 🗆 (2) (3)	(7. 0. 1. 0. 1. 7.		DI 1 16 A 17 TH	<i>**</i>			
H		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX, o	officeholder living expe	ense		
ę	Complete ONLY if direct expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$100.47	(b) Date of Charge 08/01/2024	(c) Date(s) Cre 11/06/2024	edit Card Issuer	Paid			
	PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee addi South Mopad Austin, TX 78	: FSU #01134	City,	State,	Zip Code	
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule) X Political Food/Beverage Expense		(b) Description Dinner Meeting with Austin Staff						
1	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense						
e	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 Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)	
	Sch: 13/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$			
6	PAYMENT	(a) Amount Charged \$74.95	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card 11/06/2024	Issuer Paid			
7	PAYEE	(a) Payee name Chick-Fil-A Austin		(b) Payee address; South Mopac FSU #0	City, 01134	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78735 (b) Description Staff Dinner Meeting				
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Aus	Check if Austin, TX, officeholder living expense			
	expenditure to benefit C/OH			e sought	Office held			
	PAYMENT	(a) Amount Charged \$162.34	(b) Date of Charge 08/11/2024	(c) Date(s) Credit Card 11/06/2024	Issuer Paid			
	PAYEE	(a) Payee name Wall Street Journal		(b) Payee address; 1211 Avenue of Ame New York, NY 10036		State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Subscription for Wall				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	xpense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$56.93	(b) Date of Charge 08/13/2024	(c) Date(s) Credit Card 11/06/2024	Issuer Paid			
	PAYEE (a) Payee name Fossatis Delicatessen		(b) Payee address; 302 South Main Victoria , TX 77901	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch Meeting with Staff and Constituent					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, TX, officeholder living expense				
е	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 Inst	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)
Sch: 14/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$132.00	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issuer 11/06/2024	Paid	
7 PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; The Rocket Science Grou 675 Ponce de Leon Ave N Atlanta, GA 30308	•	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mailchimp Subscription Pa	ayment	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$80.02	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issuer 11/06/2024	⁻ Paid	
PAYEE	Santa Fe Steakhouse		(b) Payee address; 581 West Austin Street Giddings , TX 78942	City, State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Lunch with Giddings Cons	stituents	
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	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issuer 11/06/2024	[.] Paid	
PAYEE	(a) Payee name Zoom.US		(b) Payee address; San Jose Headquarters 55 Almaden Boulevard, 6t San Jose, CA 95113	City, State,	Zip Code
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Fees		(b) Description Conference Call Meeting (Cost	
Non-Political	(*) —	of Texas. Complete Schedule T.		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 Inst	ruction Guide explains how	to complete th	nis form.	(,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 15/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)			00041354		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (11/06/202	Credit Card Issue	r Paid		
	\$192.90	08/31/2024	11/00/202	•			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Facebook		1601 S. C	alifornia Ave.			
			Palo Alto,	CA 94304			
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Facebook	Ads			
X Political	Advertising Expense						
Non-Political	tical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living ex	pense		
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' ' ' ' '	Credit Card Issue	r Paid		
	\$121.06	08/30/2024	11/06/202	4			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Brossas Cibo		603 South				
			Brenham	TX 77833			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Lunch meeting Brenham Staff				
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
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		Credit Card Issue	r Paid		
	\$76.75	09/01/2024	11/06/202	4			
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			1600 Amp	hitheatre Parkw	<i>ı</i> ay		
	Google LLC		'				
			Mountain '	View , CA 9404	3		
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top	of this schedule)	G-Suite Su	ubscription Serv	vice		
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	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 Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	·····,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Com	mission Filers)
Sch: 16/21 Rpt:	Kolkhorst, Lois W. (The Honorable)			00041354	
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	
6 PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 09/01/2024	(c) Date(s) 11/06/20) Credit Card Issuei 124	Paid	
7 PAYEE	(a) Payee name Google LLC			address; phitheatre Parkw n View , CA 9404:		te, Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held	
PAYMENT	(a) Amount Charged \$36.57	(b) Date of Charge 09/03/2024	(c) Date(s) 11/06/20) Credit Card Issuei 124	Paid	
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee P. O. Box		City, Sta	te, Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip	ption	th Committee Office	s
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	Candidate/Officeholder	name Office	e sought		Office held	
PAYMENT	(a) Amount Charged \$38.56	(b) Date of Charge 09/03/2024	(c) Date(s) 11/06/20) Credit Card Issuei 124	Paid	
PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee P. O. Box Manchao		City, Sta	te, Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip Water for		th Committee Office	
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought		Office held	
I						

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 Insti	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 17/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$252.84	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid			
7	PAYEE	(a) Payee name Quattro Gatti Ristor	ante	(b) Payee address; 908 Congress Ave.	City,	State,	Zip Code	
Ļ		() 0 :		Austin, TX 78701				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Dinner with fellow Senato	r's			
	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	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Mailchimp Atlanta		The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Mailchimp Subscription P	ayment			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$33.71	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Card Issue 11/06/2024	r Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Zoom.US		San Jose Headquarters 55 Almaden Boulevard, 6 San Jose, CA 95113	th Floor			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Conference Call Meeting	Cost			
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse		
	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 Inst	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)	
	Sch: 18/21 Rpt:	Kolkhorst, Lois W.	(The Honorable)		00041354		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid		
7	PAYEE	(a) Payee name Facebook		(b) Payee address; 1601 S. California Ave.	City, State,	Zip Code	
8	PURPOSE OF	(a) Category		Palo Alto, CA 94304 (b) Description			
	EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Facebook Ads			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense		
	9 Complete ONLY if direct Candidate/Officeholder name Officeholder name			e sought	Office held		
	PAYMENT	(a) Amount Charged \$76.75	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid		
Г	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
		1,,,,,		1600 Amphitheatre Parkway			
L		() 0 :		Mountain View , CA 9404	13		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description G-Suite Subscription Service			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense		
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held		
	PAYMENT	(a) Amount Charged \$105.56	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issue 11/06/2024	er Paid		
	PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220 Manchaca, TX 78652-22.	City, State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin and Health Committee Offices				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
E	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 Commis	sion Filers)	
Sch: 19/21 Rpt:	Kolkhorst, Lois W. ((The Honorable)		00041354		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$14.07	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer 11/06/2024	Paid		
7 PAYEE	(a) Payee name Hill Country Springs	s, Inc.	(b) Payee address; P. O. Box 2220	City, State,	Zip Code	
			Manchaca, TX 78652-222 (b) Description	0		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		th Committee Offices			
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	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer 11/06/2024	Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
	1 ' '		1600 Amphitheatre Parkw	ay		
			Mountain View , CA 94043	3		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Google Voice Services			
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	·	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$21.10	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer 11/06/2024	Paid		
PAYEE	(a) Payee name Blume & Flour	1	(b) Payee address; 206 N. Liberty Victoria, TX 77901	City, State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category		(b) Description Meeting at Coffee Shop			
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	Complete ONLY if direct Candidate/Officeholder name Office 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

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.

	i ne instr	ruction Guide explains now	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 20/21 Rpt:	Kolkhorst, Lois W. (The Honorable)		00041354			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pr	evious	EXPENDITURES CHARGED TO A CREDIT	 \$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$62.73	10/17/2024	11/06/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Must Be Heaven		107 W. Alamo St.				
	Wast be ricaven						
	(a) Cataman		Brenham, TX 77833				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description Brenham Staff Lunch Mee	ating			
X Political	Food/Beverage Exper	nse	Diennam Stan Eunen wee	ung			
I <u>=</u>	Diving Bulliford						
	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exper	ise		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicendider	marile Offic	e sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid			
I ATMENT			11/06/2024	T did			
	\$108.24	10/19/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(4) 1 4) 10 11		One Microsoft Way	-13,			
	Microsoft Corporation	on Store	, , , , , , , , , , , , , , , , , , , ,				
			Redmond, WA 98052-782	<u>.</u> 9			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of Food/Beverage Exper	•	Yearly Microsoft Subscription				
X Political	Trood/Boverage Expor						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse		
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 Issuer 11/06/2024	Paid			
	\$139.13	10/20/2024	11/00/2024				
				-			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Mailchimp Atlanta		The Rocket Science Grou	•			
	·		675 Ponce de Leon Ave N	IE, Suite 5000			
PURPOSE OF	(a) Category		Atlanta, GA 30308 (b) Description				
EXPENDITURE	(See Categories listed at the top of	of this schedule)	Mailchimp Subscription Pa	ayment			
X Political	Fees			-			
Non-Political	New Political			officeholder living exper	nse		
Complete ONLY if direct	(c) Check if travel outside of Candidate/Officeholder	<u> </u>	e sought	Office held	136		
expenditure to benefit C/OH		- 20	3 -				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

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	y - Gift/Award	rage Expense s/Memorials Expense ices	Printing Expense	Travel in District Travel Out of District DTHER (enter a category not listed above)
		The Inst	ruction Guide explains h	now to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
l	Sch: 21/21 Rpt:	Kolkhorst, Lois W.	(The Honorable)		00041354
	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED	
l	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI	 \$
				CARD	'
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
l		\$97.92	10/21/2024	11/06/2024	
l					
7	PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code
l				141 South Courthouse S	Square
l		La Terraza			·
l				Goliad, TX 77963	
8	PURPOSE OF	(a) Category		(b) Description	
l	EXPENDITURE	(See Categories listed at the top		Lunch Meeting with Con	stituents
l	X Political	Food/Beverage Expe	1156		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held
ex	xpenditure to benefit C/OH				
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The leastwee	sticus Cuido cumbrino horrado comunhato thio forma	1 Total	pages Schedule K:	
	ine instru	ction Guide explains how to complete this form.	Sch:	1/1 Rpt: 145/146	
2	FILER NAME		3 Filer II	C (Ethics Commission F	ilers)
	Kolkhorst, Lo	ois W. (The Honorable)	00043	L354	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
	12/16/2024	Brenham National Bank			\$3.38
		6 Address of person from whom amount is received; City; State; Zip Code		"	
		D 1 TV 70000			
		Brenham , TX 78333			
		7 Purpose for which amount is received	olitical con	ribution returned to filer	
⊨		-		+	
	Date	Name of person from whom amount is received		Amount (\$)	
	11/12/2024	Brenham National Bank		\$12,	494.54
		Address of person from whom amount is received; City; State; Zip Code			
		Brenham , TX 78333			
			olitical con	I ribution returned to filer	
		Interest Income			
F	Date	Name of person from whom amount is received		Amount (\$)	
	10/30/2024	Citizens State Bank			672.41
		Address of person from whom amount is received; City; State; Zip Code			
		Somerville , TX 77879			
			olitical con	ribution returned to filer	
L		Interest Income			
	Date	Name of person from whom amount is received		Amount (\$)	
	12/31/2024	Citizens State Bank		. \$36,	121.47
		Address of person from whom amount is received; City; State; Zip Code			
		Somerville , TX 77879			
			olitical con	ribution returned to filer	
		Interest Income			
H					

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 146/146
FILER NAME	Filer ID (Ethics Commission Filers)
Kolkhorst, Lois W. (The Honorable)	00041354
Schedule	
Cover Sheet	
Information entered by filer as a memo:	
This report contained a typographical error. A political contribution from Foley & Lardner LLP Texas Campaign Fund was inadvertently given an incorrect date. The correct date is 12.13.2024. We have made the correction. This error was made in good faith and without intent to mislead or to mislea	