

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00041354	2 Total pages filed: 84		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Lois W.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Kolkhorst	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 2546 Brenham, TX 77834			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Robert F.	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1401 Victoria St. Brenham, TX 77833		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 830-9171					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 18			12 OFFICE SOUGHT (if known) State Senator District 18		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Kolkhorst, Lois W. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00041354
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 102,510.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 128,025.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,159,564.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

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

The Honorable Lois W. Kolkhorst

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Kolkhorst, Lois W. (The Honorable)	00041354	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	102,510.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	118,087.14
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	9,938.65
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	37,283.37

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, John T. and Billye 6 Contributor address; City; State; Zip Code La Grange, TX 78945	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearbackerpac Contributor address; City; State; Zip Code Houston , TX 77056	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00384818) CVS Health PAC Contributor address; City; State; Zip Code Washington, DC 10004	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Neil A. And Sara Beth Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Cuero Regional Hospital
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Rose, P.C. Political Action Committee Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 09/04/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBCUniversal PAC 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Diebel, Stephen Contributor address; City; State; Zip Code Victoria, TX 77904-3626	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Doss, Justin Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Community Hospital Corporation
Date 12/03/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792) Eli Lilly And Company Political Action Committee Contributor address; City; State; Zip Code Indianapolis, IN 46285	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) ExxonMobil PAC (Exxon Mobil Corporation PAC of Texas) Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germania Farm Mutual PAC 6 Contributor address; City; State; Zip Code Brenham , TX 77833	7 Amount of Contribution (\$) \$2,500.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$15,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund PAC -- Hospital Corp of America Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME-PAC Greater Houston Builders Association Contributor address; City; State; Zip Code Houston, TX 77064-5398	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennessey, John Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Manager	Employer (See Instructions) HPE Design LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hochheim Prairie Political Action Committee 6 Contributor address; City; State; Zip Code Yoakum, TX 77995	7 Amount of Contribution (\$) \$1,500.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend, P.C. Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuireWoods Federal PAC Fund Contributor address; City; State; Zip Code Richmond, VA 23219	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck Employees Political Action Committee (Merck PAC) Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00033969) Novartis Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter , Steve 6 Contributor address; City; State; Zip Code Bryan, TX 77805	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) Banquet/Meeting Facilities	9 Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public Blueprint LLC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Evan Contributor address; City; State; Zip Code Conroe, TX 77304-2354	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Vice Chair	Employer (See Instructions) Texas Council of Community
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sysco Corp Good Government Committee, Inc Contributor address; City; State; Zip Code Houston , TX 77077	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC / Texas Association of Realtors Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78768-2246	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas And Southwestern Cattle Raisers Association State PAC 6 Contributor address; City; State; Zip Code Fort Worth, TX 76185-1988	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assisted Living Association PAC Austin, TX 78759	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association Political Action Committee Austin, TX 78735-8379	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau Agfund, Inc. PAC Waco, TX 76702-2689	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC Austin, TX 78705	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association Political Action Committee 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Anesthesiologists PAC Austin, TX 78701-1665	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: c00142711) The Boeing Company PAC Arlington , VA 22202	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation Ada, OK 74820	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC (United Services Automobile Association) San Antonio, TX 78288-0453	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/84</p>
<p>2 FILER NAME Kolkhorst, Lois W. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00041354</p>
<p>4 Date 09/30/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Union Pacific Corporation Fund For Effective Government PAC 6 Contributor address; City; State; Zip Code Washington, DC 20005</p>	<p>7 Amount of Contribution (\$) \$3,000.00</p>
<p>8 Principal occupation / Job title (See Instructions) Ranching and Real Estate</p>		<p>9 Employer (See Instructions) Self Employed</p>
<p>Date 11/14/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vickers, John and Vicki Contributor address; City; State; Zip Code Yoakum , TX 77995-6920</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Chairman & CEO</p>		<p>Employer (See Instructions) Texans for Lawsuit Reform</p>
<p>Date 07/13/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Weekley, Richard W. Contributor address; City; State; Zip Code Houston, TX 77027</p>	<p>Amount of Contribution (\$) \$5,000.00</p>

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.			
2 FILER NAME Kolkhorst, Lois W. (The Honorable)			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)
	7 Pledgor Address;		9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/39 Rpt: 14/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/18/2025	5 Payee name Advertising Mail Corporation, Inc. dba Admail	
6 Amount (\$) \$3,439.01	7 Payee address; City; State; Zip Code 427 Dellwood St. Bryan, TX 77801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Alpha-Lit Bryan/College Station	
Amount (\$) \$256.78	Payee address; City; State; Zip Code 1108 Waynesboro Ct. College Station, TX 77845-3997	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage for office door
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/20/2025	Payee name Alphagraphics	
Amount (\$) \$5,317.38	Payee address; City; State; Zip Code 2023 S. Texas Avenue Bryan, TX 77802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Card Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/39 Rpt: 15/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 09/22/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$5.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Anedot Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1920 McKinney Avenue, 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Bellville Chamber Of Commerce	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 742 W. Main Bellville, TX 77418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Dues Renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 3/39 Rpt: 16/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/09/2025	5 Payee name Blue Bell Creameries Country Store	
6 Amount (\$) \$41.47	7 Payee address; City; 1101 S. Blue Bell Rd. P. O. Box 1807 Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Certificates for Senate Christmas Party Gift
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Brown, Keatha	
Amount (\$) \$250.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Magnolia, TX 77316	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Buck, Sally	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christman Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 4/39 Rpt: 17/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/18/2025	5 Payee name Burleson County Chamber of Commerce	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 301 N. Main Street Caldwell, TX 77836	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Renewal Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Burton Home Builders	
Amount (\$) \$7,200.00	Payee address; City; State; Zip Code P.O. Box 326 Burton, TX 77835	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Construction work for Office Rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Build Wall in new Rental Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Central Fort Bend Chamber of Commerce	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 4120 Avenue H Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 5/39 Rpt: 18/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/09/2025	5 Payee name Chapa, Samantha	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Chappell Hill Chamber of Commerce	
Amount (\$) \$42.00	Payee address; City; State; Zip Code P. O. Box 113 9000 Hwy 290 East Chappell Hill, TX 77426	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Chase Card Services	
Amount (\$) \$4,508.27	Payee address; City; State; Zip Code Cardmember Service P. O. Box 15123 Wilmington , DE 19850	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Expenditure
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 6/39 Rpt: 19/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354	
4 Date 11/14/2025	5 Payee name Chase Card Services		
6 Amount (\$) \$1,044.75	7 Payee address; City; Cardmember Service P. O. Box 15123 Wilmington , DE 19850	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for Credit Card Charges	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/31/2025	Payee name Chase Card Services		
Amount (\$) \$4,385.63	Payee address; City; Cardmember Service P. O. Box 15123 Wilmington , DE 19850	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pay Credit Card Charges	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/28/2025	Payee name Chick-Fil-A Brenham		
Amount (\$) \$75.33	Payee address; City; 1161 US HWY 290 East Brenham, TX 77833	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for staff meeting in Brenham	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 7/39 Rpt: 20/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/02/2025	5 Payee name City of Needville	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code P.O. Box 527 Needville, TX 77461	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State of the City
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Cy Fair Chamber of Commerce	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 8711 Hwy 6 North #120 Houston , TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Cy Fair Chamber of Commerce	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 8711 Hwy 6 North #120 Houston , TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for Celebrate CyFair
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 8/39 Rpt: 21/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/16/2025	5 Payee name Cy Fair Chamber of Commerce	
6 Amount (\$) \$45.00	7 Payee address; City; 8711 Hwy 6 North #120 Houston , TX 77095	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch at Chamber Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name De Selm, Jacob	
Amount (\$) \$500.00	Payee address; City; Austin, TX 78704	State; Zip Code
	REDACTED PER 254.0401, ELEC. CODE	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Dragna, Kathlyn	
Amount (\$) \$541.25	Payee address; City; Brenham, TX 77833	State; Zip Code
	REDACTED PER 254.0401, ELEC. CODE	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography for Christmas Card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 9/39 Rpt: 22/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/29/2025	5 Payee name Edward M. Shack	
6 Amount (\$) \$1,180.00	7 Payee address; City; 4410 Bellvue Avenue Austin , TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Fayette County Republican Women PAC	
Amount (\$) \$41.00	Payee address; City; P. O. Box 744 La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Cost for Christmas Party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Fischer, Andrea	
Amount (\$) \$6,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Burton, TX 77835	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 10/39 Rpt: 23/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/12/2025	5 Payee name Fischer, Andrea	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Burton, TX 77835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Fort Bend Buyers Group	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 19742 Sugar Land, TX 77496-9742	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation County Fair
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Fort Bend Chamber of Commerce	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land , TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 11/39 Rpt: 24/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 09/02/2025	5 Payee name Fort Bend Chamber of Commerce	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land , TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense City of Sugar Land Infrastructure Update
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Fort Bend Chamber of Commerce	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land , TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Fort Bend Chamber of Commerce	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land , TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fueling the Economy, The Immigrant Workforce Advantage Chamber Program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 12/39 Rpt: 25/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/11/2025	5 Payee name Fort Bend Chamber of Commerce	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land , TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State of Criminal Justice Summit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/29/2025	Payee name Fort Bend Republican Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code Doug White 5423 Ashley Way Court Sugar Land , TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Fort Bend Republican Women's Club	
Amount (\$) \$50.00	Payee address; City; State; Zip Code c/o Lois Gremminger 1910 Fawn Way Court Richmond , TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 13/39 Rpt: 26/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/09/2025	5 Payee name Gibson, Paula	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor for Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gibson, Paula	Office sought Office held
Date 12/12/2025	Payee name Gibson, Paula	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Giddings Area Chamber of Commerce	Office sought Office held
Date 10/07/2025	Payee name Giddings Area Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 183 E. Hempstead P. O. Box 52 Giddings, TX 78942	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Giddings Area Chamber of Commerce	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 14/39 Rpt: 27/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 09/02/2025	5 Payee name Gonzales Chamber Of Commerce & Agriculture	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 304 Saint Louis St. Gonzales, TX 78629	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal Chamber Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Gonzales Chamber Of Commerce & Agriculture	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 304 Saint Louis St. Gonzales, TX 78629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Greater Schulenburg Chamber of Commerce	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 65 618 North Main St. Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Renewal Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 15/39 Rpt: 28/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354	
4 Date 10/28/2025	5 Payee name H. E. B. Brenham		
6 Amount (\$) \$85.08	7 Payee address; City; 2508 S. Day St. Brenham, TX 77833		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverages for meetings	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/14/2025	Payee name Harland Clarke		
Amount (\$) \$327.98	Payee address; City; P. O. Box 460 San Antonio, TX 78292		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Order	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/04/2025	Payee name Hobby Lobby Brenham		
Amount (\$) \$324.74	Payee address; City; 810 US Highway 290 E. Brenham , TX 77833		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Tree For Office	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 16/39 Rpt: 29/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/24/2025	5 Payee name Internal Revenue Service	
6 Amount (\$) \$18,282.00	7 Payee address; City; P.O. Box 409101 Ogden, UT 84409	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Taxes for C/OH Account	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxes Due Form 1120 Corporation Income Tax for Tax Year 2024
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kolhorst, Lois	Office sought Office held
Date 10/10/2025	Payee name Kolhorst, Lois	
Amount (\$) \$1,171.63	Payee address; City; Brenham , TX 77833	State; Zip Code REDACTED PER 254.0401, ELEC. CODE
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January - September mileage reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kolkhorst, Lois W.	Office sought Office held
Date 12/29/2025	Payee name Kolkhorst, Lois W.	
Amount (\$) \$324.35	Payee address; City; 5505 Spreen Road Brenham, TX 77833	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage Reimbursement for November
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kolkhorst, Lois W.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 17/39 Rpt: 30/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/14/2025	5 Payee name Kolkhorst, Lois	
6 Amount (\$) \$310.18	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October Mileage Reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Kolkhorst, Lois	
Amount (\$) \$453.50	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December Mileage Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Kwik Kopy Business Center	
Amount (\$) \$152.78	Payee address; City; State; Zip Code 2305 S. Day St. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailings to Constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 18/39 Rpt: 31/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/28/2025	5 Payee name Kwik Kopy Business Center	
6 Amount (\$) \$56.99	7 Payee address; City; 2305 S. Day St. Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing to Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Kwik Kopy Business Center	
Amount (\$) \$89.16	Payee address; City; 2305 S. Day St. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing of Auction item
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Kwik Kopy Business Center	
Amount (\$) \$26.82	Payee address; City; 2305 S. Day St. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing of Auction Item
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 19/39 Rpt: 32/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 10/14/2025	5 Payee name Kwik Kopy Business Center	
6 Amount (\$) \$93.06	7 Payee address; City; State; Zip Code 2305 S. Day St. Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailed Auction Items and Proclamations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Magnolia Republican Club	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 18640 FM 1488 Ste. A-194 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Metteauer, Maureen	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 602 Harthan St. Austin , TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 20/39 Rpt: 33/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 09/15/2025	5 Payee name Montgomery County Republican Women	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 18001 HWY 105 West Suite 101 Montgomery , TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Table for Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Moore, Kim	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Victoria , TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Moore, Kim	
Amount (\$) \$239.59	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Victoria , TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October Mileage Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 21/39 Rpt: 34/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/12/2025	5 Payee name Moore, Kim	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Victoria , TX 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Moore, Kim	
Amount (\$) \$173.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Victoria , TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November Mileage Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Moore, Kim	
Amount (\$) \$133.77	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Victoria , TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage Reimbursement for December
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 22/39 Rpt: 35/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 10/13/2025	5 Payee name Moulton Chamber of Commerce and Agriculture	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code P.O. Box 482 Mouton , TX 77975	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal Chamber Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Must Be Heaven	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 107 W. Alamo St. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with Constituent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Navasota Grimes County Chamber Of Commerce	
Amount (\$) \$60.00	Payee address; City; State; Zip Code P. O. Box 530 117 S. LaSalle St. Navasota, TX 77868	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Renewal Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 23/39 Rpt: 36/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/12/2025	5 Payee name Parr, Jordan	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Quorum Report	
Amount (\$) \$389.70	Payee address; City; State; Zip Code P.O. Box 8 Austin , TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription Renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Refugio County Chamber of Commerce	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 301 N. Alamo St. Refugio, TX 78377	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 24/39 Rpt: 37/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/05/2025	5 Payee name Republican Party Of Texas	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code P. O. Box 2206 211 E. 7th Street, Suite 915. 78701 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Senator Filing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Republican Party Of Texas	
Amount (\$) \$800.00	Payee address; City; State; Zip Code P. O. Box 2206 211 E. 7th Street, Suite 915. 78701 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer of the Year Banquet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Republican Women of Yoakum Area	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 615 Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Club
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 25/39 Rpt: 38/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/24/2025	5 Payee name Ronald W. Meyer P.L.L.C	
6 Amount (\$) \$661.80	7 Payee address; City; 401 West 15th Suite 850 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Preparation Form 1120 Tax Year 2024
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Round Top Area Chamber of Commerce	
Amount (\$) \$50.00	Payee address; City; 203 North Washington Street Round Top, TX 78954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Seidel Schroeder & Company	
Amount (\$) \$500.00	Payee address; City; 2707 South Market St. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Preparation of 1099's
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 26/39 Rpt: 39/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/31/2025	5 Payee name Shack, Edward M.	
6 Amount (\$) \$2,520.00	7 Payee address; City; 4410 Bellvue Avenue Austin, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Review of Report
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Shiner Chamber of Commerce	
Amount (\$) \$200.00	Payee address; City; P. O. Box 221 Shiner, TX 77984	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Renewal Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Southwest Montgomery County Chamber of Commerce	
Amount (\$) \$102.00	Payee address; City; 18423 FM 1488 Road Suite C Magnolia , TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lunch Chamber Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 27/39 Rpt: 40/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/20/2025	5 Payee name Southwest Montgomery County Chamber of Commerce	
6 Amount (\$) \$24.00	7 Payee address; City; State; Zip Code 18423 FM 1488 Road Suite C Magnolia , TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Spaw Senate Account	
Amount (\$) \$200.00	Payee address; City; State; Zip Code Texas Senate P. O. Box 12068 Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Senate Christmas Charity
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Steinbach, Chris (Mr.)	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 28/39 Rpt: 41/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/09/2025	5 Payee name Steinbach, Christopher (Mr.)	
6 Amount (\$) \$9,300.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77834	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name Steinbach, Christopher (Mr.)	
Amount (\$) \$600.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Sweetgrass Republican Club	
Amount (\$) \$500.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 29/39 Rpt: 42/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/10/2025	5 Payee name Texas Republican County Chairman's Association	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 801 South Highway 183 #1143 Leander, TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Texas Senate Support Services	
Amount (\$) \$48.34	Payee address; City; State; Zip Code P.O. Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Gavel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Texas Senate	
Amount (\$) \$125.00	Payee address; City; State; Zip Code P. O. Box 12068 Capitol Station Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Senate Media Photographs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 30/39 Rpt: 43/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/31/2025	5 Payee name The Salvation Army of Texas	
6 Amount (\$) \$125.00	7 Payee address; City; 1221 River Bend Drive Dallas, TX 75247	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Love Beyond Dinner 2025
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Thomas Craft Creations	
Amount (\$) \$46.32	Payee address; City; 2307 South Market Street Brenham , TX 77833	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Staff Meeting in Brenham
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Thomas Craft Creations	
Amount (\$) \$41.95	Payee address; City; 2307 South Market Street Brenham , TX 77833	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Senate Christmas Party Gift
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 31/39 Rpt: 44/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/12/2025	5 Payee name Tiemann, Annette	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Tiemann, Cheryl	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Tiemann, Cheryl	
Amount (\$) \$6,700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 32/39 Rpt: 45/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 11/14/2025	5 Payee name Tiemann, Cheryl	
6 Amount (\$) \$58.52	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October Mileage Reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name U. S. Postal Service CPU Kep-Shell Food Mart	
Amount (\$) \$19.51	Payee address; City; State; Zip Code 1385 FM 359 Rd. Richmond, TX 77406-2017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name U. S. Postal Service	
Amount (\$) \$46.32	Payee address; City; State; Zip Code 309 North Market Street Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing of Resolutions to Constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 33/39 Rpt: 46/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/03/2025	5 Payee name US Postal Service Bryan	
6 Amount (\$) \$3,354.00	7 Payee address; City; State; Zip Code 210 West William J. Bryan Parkway Bryan, TX 77803	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for Christmas Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Vallee, Michael	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin , TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Vallee, Michael	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin , TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 34/39 Rpt: 47/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/31/2025	5 Payee name Vici Media Group	
6 Amount (\$) \$160.13	7 Payee address; City; 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SAAS Website Framework, Multi Page Subscription Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Vici Media Group	
Amount (\$) \$37.92	Payee address; City; 5101 Bonneville Bend Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Reservation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Vici Media Group	
Amount (\$) \$162.53	Payee address; City; 5101 Bonneville Bend Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SAAS Website Framework and Multi Page Subscription fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 35/39 Rpt: 48/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 09/30/2025	5 Payee name Vici Media Group	
6 Amount (\$) \$160.13	7 Payee address; City; 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SAAS Website Framework
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Vici Media Group	Office sought Office held
Date 11/06/2025	Payee address; City; 5101 Bonneville Bend Austin, TX 78744	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SAAS Website Framework Multi Page Subscription Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Vici Media Group	Office sought Office held
Date 11/06/2025	Payee address; City; 5101 Bonneville Bend Austin, TX 78744	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Reservation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Vici Media Group	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 36/39 Rpt: 49/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/04/2025	5 Payee name Vici Media Group	
6 Amount (\$) \$162.38	7 Payee address; City; 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SAAS Website Framework Multi Page Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Victoria Chamber of Commerce	
Amount (\$) \$155.00	Payee address; City; P. O. Box 2465 7403 Lone Tree Rd., Suite 211. 77905 Victoria, TX 77902-2465	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal Chamber Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Victoria County Republican Women's Club	
Amount (\$) \$44.00	Payee address; City; P. O. Box 4711 Victoria, TX 77903	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals for Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 37/39 Rpt: 50/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/07/2025	5 Payee name Wal Mart Brenham	
6 Amount (\$) \$59.19	7 Payee address; City; 203 US Loop 290 West Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Wal Mart Brenham	
Amount (\$) \$38.88	Payee address; City; 203 US Loop 290 West Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ink Cartridge for Printer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Waller Area Chamber of Commerce	
Amount (\$) \$20.00	Payee address; City; P. O. Box 53 1110 Farr St. Waller, TX 77484	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch at Chamber Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 38/39 Rpt: 51/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/29/2025	5 Payee name Waller County Republican Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 24397 Pinewood Valley Drive Hockley, TX 77447	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for the Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Washington County Chamber Of Commerce	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 314 South Austin St. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Washington County Fair Association	
Amount (\$) \$3,894.00	Payee address; City; State; Zip Code 1305 E. Blue Bell Rd., Suite 110 Brenham, TX 77833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fair Auction Purchases
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 39/39 Rpt: 52/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00041354
4 Date 12/08/2025	5 Payee name Washington County Healthy Living Association	
6 Amount (\$) \$231.58	7 Payee address; City; State; Zip Code P.O. Box 401 1301 East Tom Green Street rental , TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Washington County Republican Women	
Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. box 723 Brenham, TX 77834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Yoakum Area Chamber of Commerce	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 591 Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Renewal Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/29 Rpt: 53/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution Chase Cardmember Service		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$37.73	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Voice Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$36.57	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Offices
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$38.58	(b) Date of Charge 07/08/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 2/29 Rpt: 54/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 07/20/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$159.63	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Quattro Gatti Ristorante		(b) Payee address; City, State, Zip Code 908 Congress Ave. Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Evening meal with Senators
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$647.49	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name JW Marriott Hill Country Resort		(b) Payee address; City, State, Zip Code 23808 Resort Parkway San Antonio , TX 78261
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Hotel Expense		(b) Description Speaker Texas Wildlife Association Directors Meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/29 Rpt: 55/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$92.10	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description G-Suite Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$125.56	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Offices
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$334.15	(b) Date of Charge 07/04/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Lowe's Home Centers, LLC		(b) Payee address; City, State, Zip Code 2750 Highway 36 South Brenham, TX 77833
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description July 4th Parade Items to decorate Trailer - Flags and Flag Bunting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/29 Rpt: 56/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$61.67	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Walgreens Brenham		(b) Payee address; City, State, Zip Code 2411 S. Day St. Brenham, TX 77833
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Candy for July 4th Parade
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$85.77	(b) Date of Charge 07/16/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Primo Brand Waters		(b) Payee address; City, State, Zip Code P.O. Box 30080 College Station , TX 77842
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$37.73	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Conference Call meeting cost
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 5/29 Rpt: 57/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$15.07	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Conference Call Meeting Cost
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$113.00	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 6/29 Rpt: 58/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name The Stephan F. Austin		(b) Payee address; City, State, Zip Code 701 Congress Avenue Austin , TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Parking Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 07/24/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Conference Call Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$103.47	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description G-Suite Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 7/29 Rpt: 59/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$22.20	(b) Date of Charge 08/07/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Primo Brand Waters		(b) Payee address; City, State, Zip Code P.O. Box 30080 College Station , TX 77842
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$49.92	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave Palo Alto , CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$292.00	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Music Lane		(b) Payee address; City, State, Zip Code 1011 South Congress Avenue Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Evening Meal with Staff
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 8/29 Rpt: 60/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$99.00	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$106.00	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$17.32	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Congress Parking		(b) Payee address; City, State, Zip Code 1401 Congress Street Garage Austin , TX 77002
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Parking Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/29 Rpt: 61/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription Payment
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$116.61	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Kerbey Lane Cafe		(b) Payee address; City, State, Zip Code 3003 South Lamar Austin , TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Evening Meal with Senators
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$110.30	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Four Seasons Live Oak		(b) Payee address; City, State, Zip Code 98 San Jacinto Boulevard Austin , TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/29 Rpt: 62/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$261.11	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Roaring Fork		(b) Payee address; City, State, Zip Code 701 Congress Austin , TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Retirement Lunch for staff member
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$68.42	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Fresas		(b) Payee address; City, State, Zip Code 915 North Lamar Austin , TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for Staff meeting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$120.00	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 11/29 Rpt: 63/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$37.80	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Voice Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$107.45	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description G-Suite Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$128.00	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Advertising
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 12/29 Rpt: 64/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$120.05	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Flower Child		(b) Payee address; City, State, Zip Code 500 W. 2nd Street #133 Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Lunch
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$98.89	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$83.60	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Primo Brand Waters		(b) Payee address; City, State, Zip Code P.O. Box 30080 College Station , TX 77842
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/29 Rpt: 65/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$94.06	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$7.58	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water Austin office
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 14/29 Rpt: 66/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$40.57	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Offices
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$37.76	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Voice Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$107.45	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description G-Suite Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 15/29 Rpt: 67/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
7 PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$145.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Conference Call subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 16/29 Rpt: 68/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.57	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
7 PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water For Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$7.58	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$136.00	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 17/29 Rpt: 69/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$117.54	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
7 PAYEE	(a) Payee name The Barnhill Center		(b) Payee address; City, State, Zip Code 111 West Main Street Brenham , TX 77833
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Brenham Speaker Series, Washington on the Brazos
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$131.99	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$22.20	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name Primo Brand Waters		(b) Payee address; City, State, Zip Code P.O. Box 30080 College Station , TX 77842
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/29 Rpt: 70/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 10/19/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
7 PAYEE	(a) Payee name Microsoft Corporation Store		(b) Payee address; City, State, Zip Code One Microsoft Way Redmond, WA 98052-7829
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$37.98	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Voice Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$107.45	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Voice Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/29 Rpt: 71/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$154.00	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$29.57	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$66.49	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/29 Rpt: 72/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$22.20	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Primo Brand Waters		(b) Payee address; City, State, Zip Code P.O. Box 30080 College Station , TX 77842
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$104.67	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Amazon.com, Inc.		(b) Payee address; City, State, Zip Code Customer Service P. O. Box 81226 Seattle, WA 98108-1226
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Supplies Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 11/24/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Conference Call monthly fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/29 Rpt: 73/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$110.44	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description G Suite Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$38.07	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$7.58	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/29 Rpt: 74/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$140.32	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name White Pages Premium		(b) Payee address; City, State, Zip Code White Pages Corporate Headquarters 1301 5th Avenue, Suite #1600 Seattle, WA 98101
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$459.26	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Manuels Mexican Restaurant		(b) Payee address; City, State, Zip Code 409 West Main Street Brenham , TX 77833
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Christmas Party for entire staff
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$164.00	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave Palo Alto , CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/29 Rpt: 75/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$85.77	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Primo Brand Waters		(b) Payee address; City, State, Zip Code P.O. Box 30080 College Station , TX 77842
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water Brenham Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$57.50	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Next Day Stamps & Engraving		(b) Payee address; City, State, Zip Code 2116 Grove Ave. Racine, WI 53405
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Name Badges for New Staff
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$164.00	(b) Date of Charge 12/28/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave Palo Alto , CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 24/29 Rpt: 76/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 12/24/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly Subscription Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,135.96	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name 4imprint Inc.		(b) Payee address; City, State, Zip Code 101 Commerce St. P. O. Box 320 Oshkosh, WI 54901
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Chip Clips
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MailChimp Monthly Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 25/29 Rpt: 77/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$164.00	(b) Date of Charge 11/23/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$38.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Google LLC		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain View , CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Voice Service Monthly Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$77.86	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Hobby Lobby Brenham		(b) Payee address; City, State, Zip Code 810 US Highway 290 E. Brenham , TX 77833
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Purchased Christmas Ornaments for Office Christmas Tree
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/29 Rpt: 78/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$537.13	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Academy Sports & Outdoors		(b) Payee address; City, State, Zip Code 1041 Nolan Street Brenham, TX 77835
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Senate Christmas Party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$92.33	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1601 S. California Ave. Palo Alto, CA 94304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$43.18	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name H. E. B. Brenham		(b) Payee address; City, State, Zip Code 2508 S. Day St. Brenham, TX 77833
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Christmas Party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 27/29 Rpt: 79/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$139.13	(b) Date of Charge 12/20/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Mailchimp Atlanta		(b) Payee address; City, State, Zip Code The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly Subscription Service
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$21.61	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Raising Cane's - Tomball		(b) Payee address; City, State, Zip Code 27619 Tomball Pkwy Tomball , TX 77375
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Lunch
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name La Madeleine		(b) Payee address; City, State, Zip Code 2675 Town Center Blvd Sugar Land , TX 77479
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch with Constituent
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 28/29 Rpt: 80/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$7.58	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Hill Country Springs, Inc.		(b) Payee address; City, State, Zip Code P. O. Box 2220 Manchaca, TX 78652-2220
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Water for Austin Office
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.82	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Zoom.US		(b) Payee address; City, State, Zip Code San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Conference Call Monthly Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$129.84	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
PAYEE	(a) Payee name Tuscany Italian Grill		(b) Payee address; City, State, Zip Code 100 Hwy 290 E Brenham, TX 77833
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for Staff meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/29 Rpt: 81/84	2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$63.80	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Hobby Lobby Brenham		(b) Payee address; City, State, Zip Code 810 US Highway 290 E. Brenham, TX 77833
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Purchased Christmas Ornaments for Office Christmas Tree (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$39.16	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Chick-Fil-A Brenham		(b) Payee address; City, State, Zip Code 1161 US HWY 290 East Brenham, TX 77833
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Lunch (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/3 Rpt: 82/84</p>
<p>2 FILER NAME Kolkhorst, Lois W. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00041354</p>
<p>4 Date 07/16/2025</p>	<p>5 Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>8 Amount (\$) \$0.62</p>
	<p>7 Purpose for which amount is received Monthly Interest Income Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/17/2025</p>	<p>Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>Amount (\$) \$0.65</p>
	<p>Purpose for which amount is received Monthly Interest Income Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/16/2025</p>	<p>Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>Amount (\$) \$0.62</p>
	<p>Purpose for which amount is received Monthly Interest Income Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/16/2025</p>	<p>Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>Amount (\$) \$0.62</p>
	<p>Purpose for which amount is received Monthly Interest Income Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/16/2025</p>	<p>Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>Amount (\$) \$0.63</p>
	<p>Purpose for which amount is received Monthly Interest Income Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 2/3 Rpt: 83/84</p>
<p>2 FILER NAME Kolkhorst, Lois W. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00041354</p>
<p>4 Date 12/16/2025</p>	<p>5 Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>8 Amount (\$) \$0.62</p>
	<p>7 Purpose for which amount is received Monthly Interest Income Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/17/2025</p>	<p>Name of person from whom amount is received Brenham National Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Brenham , TX 78333</p>	<p>Amount (\$) \$13,149.10</p>
	<p>Purpose for which amount is received Interest Income Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/14/2025</p>	<p>Name of person from whom amount is received Citizens State Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Somerville , TX 77879</p>	<p>Amount (\$) \$15,099.16</p>
	<p>Purpose for which amount is received Interest Income Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/29/2025</p>	<p>Name of person from whom amount is received Citizens State Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Somerville , TX 77879</p>	<p>Amount (\$) \$3,079.11</p>
	<p>Purpose for which amount is received Interest Income from Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/17/2025</p>	<p>Name of person from whom amount is received Citizens State Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Somerville , TX 77879</p>	<p>Amount (\$) \$5,759.74</p>
	<p>Purpose for which amount is received Interest Income Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 84/84
2 FILER NAME Kolkhorst, Lois W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00041354
4 Date 07/15/2025	5 Name of person from whom amount is received Kolkhorst , Lois	8 Amount (\$) \$192.50
	6 Address of person from whom amount is received; City; State; Zip Code Brenham , TX 77833	<input type="checkbox"/> Check if political contribution returned to filer
	7 Purpose for which amount is received Reimbursement	