

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) 00089780	2 Total pages filed: 147								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Ms.</td> <td style="width: 30%;">FIRST Kathaleen</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR Ms.	FIRST Kathaleen	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026					
	MS / MRS / MR Ms.	FIRST Kathaleen	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Kat</td> <td style="width: 30%;">LAST Wall</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Kat	LAST Wall	SUFFIX							
NICKNAME Kat	LAST Wall	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3608 Bellmead Dr. Bellmead, TX 76705		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Billy</td> <td style="width: 40%;">MI MI</td> </tr> </table>			MS / MRS / MR Mr.	FIRST Billy	MI MI					
	MS / MRS / MR Mr.	FIRST Billy	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Van Davis</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Van Davis	SUFFIX						
NICKNAME	LAST Van Davis	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3723 Herwol Avenue Waco, TX 76710										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (346) 310-9086										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input 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)
	<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 Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">ELECTION DATE Month Day Year</td> <td style="width: 60%;">ELECTION TYPE</td> </tr> <tr> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General </td> <td> <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other				
	ELECTION DATE Month Day Year	ELECTION TYPE									
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other										
11 OFFICE	OFFICE HELD (if any)										
12 OFFICE SOUGHT (if known) State Representative District 13											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Wall, Kathaleen (Ms.)	14 Filer ID (Ethics Commission Filers) 00089780
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 217.94
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,355.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 601,933.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 600,000.00

17 AFFIDAVIT

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

Ms. Kathaleen Wall

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 Wall, Kathaleen (Ms.)		19 Filer ID 00089780	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	8,863.20
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,492.20
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	600,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	596,750.50
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	5,183.42
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/17/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00887810) APP Big Family PAC LLC <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22206	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Allen, David C. <hr/> Contributor address; City; State; Zip Code Oakwood, TX 75855	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Ashpaugh, Meta <hr/> Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Baity, Lamont <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chaplain		Employer (See Instructions) not provided
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Banfield, Darrell <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Woody's Smokehouse

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banfield, Darrell and Robin <hr/> 6 Contributor address; City; State; Zip Code Centerville, TX 75833	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Cashier		9 Employer (See Instructions) Woody's Smokehouse
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banfield, Robin <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Seamstress		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrilleaux, Donna and Melvin <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) not provided
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Keelie <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher Aide		Employer (See Instructions) Chapel Christian Academy
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Charles and Sarah <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Richard and Judy <hr/> 6 Contributor address; City; State; Zip Code Buffalo, TX 75831	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Holli <hr/> Contributor address; City; State; Zip Code Jewett, TX 75846	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) not provided
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Donna <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired ministry		Employer (See Instructions) Ministry
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burks, Robert <hr/> Contributor address; City; State; Zip Code college station, TX 77845	Amount of Contribution (\$) \$155.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) not provided
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Susan <hr/> Contributor address; City; State; Zip Code Marlin, TX 76661	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Marlin Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Robert or Eleanor <hr/> 6 Contributor address; City; State; Zip Code Centerville, TX 75833	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) not provided
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Ruth Ann <hr/> Contributor address; City; State; Zip Code Whitney, TX 76692	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Hank <hr/> Contributor address; City; State; Zip Code Cranfills Gap, TX 76637	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) not provided
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devore, Amanda <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) English instructor		Employer (See Instructions) State of Texas
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobb, David <hr/> Contributor address; City; State; Zip Code Lott, TX 76656	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) contractor		Employer (See Instructions) self employeeed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Vanessa <hr/> 6 Contributor address; City; State; Zip Code Jewett, TX 75846	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Chef		9 Employer (See Instructions) self employeeed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehlert, Trisha <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self employeeed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Larry <hr/> Contributor address; City; State; Zip Code Marlin, TX 76661	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Roofer		Employer (See Instructions) Fischer and Sons LLC
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Mark <hr/> Contributor address; City; State; Zip Code Whitney, TX 76692	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goddard, Dwight and Darlene <hr/> Contributor address; City; State; Zip Code Whitney, TX 76692	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired former truck driver		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Darlene <hr/> 6 Contributor address; City; State; Zip Code Centerville, TX 75833	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hearn, Carleen <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Mike <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) not provided
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Rhonda <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) hairstresser		Employer (See Instructions) self employeeed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Carly <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) self employeeed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Derrick <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) H&H Farm
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holscher, Kelly Ann <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Andrew <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imani, Barabara <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) In Touch Design
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Judith <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher retired		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Judith 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Charlie Contributor address; City; State; Zip Code Golden, CO 80401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) CORAC
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Amy Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Leon County
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Jason Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Normangee Tractor
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, James or Kim Contributor address; City; State; Zip Code Waco, TX 76705	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) self employeeed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Sammy 6 Contributor address; City; State; Zip Code Clifton, TX 76634	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Sammy Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohner, Lyle Contributor address; City; State; Zip Code Midway, TX 75852	Amount of Contribution (\$) \$30.26
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) State of Texas
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loomis, Sarah Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loveless, Bess Contributor address; City; State; Zip Code Bynum, TX 76631	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Galiga Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loveless, John <hr/> 6 Contributor address; City; State; Zip Code Bynum , TX 76631	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) contractor		9 Employer (See Instructions) self employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrance, Linda <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) not provided
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luallin, Stephen <hr/> Contributor address; City; State; Zip Code Mexia, TX 76667	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maness, Larry <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Adminstrator		Employer (See Instructions) self employeeed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoslin, James Daniel <hr/> 6 Contributor address; City; State; Zip Code Marquez, TX 77865	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) construction		9 Employer (See Instructions) self employeeed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinzie, Jessica <hr/> Contributor address; City; State; Zip Code Jewett, TX 75846	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meazell, John <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Meazell firm
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milder, Carol <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milder, Carol and Ken <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, James <hr/> 6 Contributor address; City; State; Zip Code Marlin, TX 76661	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) self employeeed		9 Employer (See Instructions) Owns bail bonds company
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muller, Carolyn <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murff, Rhonda or John <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) realtors		Employer (See Instructions) Murff Realty
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Claudia <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Crimeless Security Inc.
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, R.E. Miller and Emily <hr/> Contributor address; City; State; Zip Code Cranfills Gap, TX 76637	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Sandy and Ike <hr/> 6 Contributor address; City; State; Zip Code Thorton, TX 76687	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) not provided
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neyland, Traci <hr/> Contributor address; City; State; Zip Code Hubbard, TX 76648	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) formerly Texas Society for Adolescent Health and Medicine
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Institute of Health Promotion
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pax, Claude D. <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petree, Karen <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Correction Officer		Employer (See Instructions) Texas Dept. Criminal Justice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyron, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Nita or G. G. <hr/> Contributor address; City; State; Zip Code Midway, TX 75852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richey, Sheila <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) television producing		Employer (See Instructions) self employeeed
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Melanie <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Melanie <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Dean and Kathy <hr/> 6 Contributor address; City; State; Zip Code Groesbeck, TX 76642	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Satterfield
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrenk, Larry <hr/> Contributor address; City; State; Zip Code Marquez, TX 77865	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrenk, Larry <hr/> Contributor address; City; State; Zip Code Marquez, TX 77865	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shores, Dambla <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) not provided
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shores, Pamela <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skehan, Leanne <hr/> 6 Contributor address; City; State; Zip Code Centerville, TX 75833	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Southern New Hampshire University
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Harold <hr/> Contributor address; City; State; Zip Code Oakwood, TX 75855	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy <hr/> Contributor address; City; State; Zip Code Oakwood, TX 75855	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Cadence Bank
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mark Edward <hr/> Contributor address; City; State; Zip Code Oakwood, TX 75855	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Heavy Equip Operator		Employer (See Instructions) Walnut Creek Mine
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Andy <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) rancher retired		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stott, Karen <hr/> 6 Contributor address; City; State; Zip Code Centerville, TX 75833	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Home Health Care		9 Employer (See Instructions) self employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stott, Karen <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Home Health Care		Employer (See Instructions) self employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutz, Gary <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Chapel of the Hills church
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treston, Lee <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Robert <hr/> Contributor address; City; State; Zip Code Covington, TX 76636-4523	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Robert <hr/> 6 Contributor address; City; State; Zip Code Covington, TX 76636-4523	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turchi, Keith <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderford, Doug or Brenda <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vestel, Mabel or E.C. <hr/> Contributor address; City; State; Zip Code Marquez, TX 77865	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Murphy <hr/> Contributor address; City; State; Zip Code Centerville, TX 75833	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, L.T. <hr/> 6 Contributor address; City; State; Zip Code Normangee, TX 77871	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westfall, Dolly Ann <hr/> Contributor address; City; State; Zip Code Mart, TX 76664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) not provided
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Peggy <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Linda <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/2 Rpt: 23/147	
2 FILER NAME Wall, Kathaleen (Ms.)				3 Filer ID (Ethics Commission Filers) 00089780	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 07/26/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banfield, Robin		8 Amount of contribution (\$) \$40.00		9 In-kind contribution description Hand knit pursue in blue and red Texas colors. They are sold at fairs for \$40.00
7 Contributor address; City; State; Zip Code Centerville, TX 75833			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Seamstress			11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heslep, Lonnie		Amount of contribution (\$) \$68.63		In-kind contribution description sausage balls for New Year Eve fundraiser
Contributor address; City; State; Zip Code Axtell, TX 76624			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Handyman			Employer (FOR NON-JUDICIAL) (See instructions) First Call Lonnie		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Print Source		Amount of contribution (\$) \$90.00		In-kind contribution description 1000 campaign business cards
Contributor address; City; State; Zip Code Marlin, TX 76661			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 24/147	
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomerline, Connie <hr/> 7 Contributor address; City; State; Zip Code Madisonville, TX 77864	8 Amount of contribution (\$) \$593.57 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Food and decorations for New Year's Eve fundraiser
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Reynold's Builder	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Kathaleen <hr/> Contributor address; City; State; Zip Code Jewett, TX 75846	Amount of contribution (\$) \$2,700.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description US LEGE app monitors govt meetings; summarizes for campaign - Kathaleen Wall
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Managing Member		Employer (FOR NON-JUDICIAL) (See instructions) Texas Thorium	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 25/147	
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan 11/03/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Kathaleen		9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Jewett, TX 75846		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Managing Member		13 Employer (See Instructions) Texas Thorium	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/10/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Kathaleen		Loan Amount (\$) \$150,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Jewett, TX 75846		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Managing Member		Employer (See Instructions) Texas Thorium	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 26/147
2 FILER NAME Wall, Kathaleen (Ms.)		3 Filer ID (Ethics Commission Filers) 00089780
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 12/30/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Kathaleen	9 Loan Amount (\$) \$350,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Jewett, TX 75846	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Managing Member		13 Employer (See Instructions) Texas Thorium
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/03/2025	5 Payee name 7-Eleven	
6 Amount (\$) \$15.08	7 Payee address; City; State; Zip Code 13601 FM 2154 Rd. College Station, TX 77845	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas to travel in district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Amazon	
Amount (\$) \$28.46	Payee address; City; State; Zip Code 410 Terry Avenue N. 98109 Seattle, WA 98109	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Amazon	
Amount (\$) \$99.17	Payee address; City; State; Zip Code 410 Terry Avenue N. 98109 Seattle, WA 98109	
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 Lake Whitney Pioneer Days - booth supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/05/2025	5 Payee name Amazon	
6 Amount (\$) \$151.54	7 Payee address; City; State; Zip Code 410 Terry Avenue N. 98109 Seattle, WA 98109	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Amazon	
Amount (\$) \$25.60	Payee address; City; State; Zip Code 410 Terry Avenue N. 98109 Seattle, WA 98109	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Amazon	
Amount (\$) \$97.41	Payee address; City; State; Zip Code 410 Terry Avenue N. 98109 Seattle, WA 98109	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/11/2025	5 Payee name Americas Best Value Inn	
6 Amount (\$) \$66.97	7 Payee address; City; State; Zip Code 307 I-35 Hwy Nw Hillsboro, TX 76645	
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 meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name Anthony's Restaurant	
Amount (\$) \$45.68	Payee address; City; State; Zip Code 311 S. Craig St. Buffalo, TX 75831	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Petition training	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Armour, Daphne	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2209 Gorman Ave. Apt 2 Waco, TX 76707	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/24/2025	5 Payee name Armour, Daphne	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 2209 Gorman Ave. Apt 2 Waco, TX 76707	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Armour, Daphne	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2209 Gorman Ave. Apt 2 Waco, TX 76707	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2025	Payee name Armstrong, Ann	
Amount (\$) \$960.00	Payee address; City; State; Zip Code 307 Ridgecrest Tyler, TX 75701	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/24/2025	5 Payee name Armstrong, Ann	
6 Amount (\$) \$265.00	7 Payee address; City; State; Zip Code 307 Ridgecrest Tyler, TX 75701	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Armstrong, Ann		
Amount (\$) \$1,917.50	Payee address; City; State; Zip Code 307 Ridgecrest Tyler, TX 75701	
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 Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Armstrong, Ann		
Amount (\$) \$2,210.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Tyler, TX 75701	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/02/2025	5 Payee name Axtell Market Days	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 308 Ottawa St. Axtell, TX 76624	
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 rent for campaign booth at Axtell Market Days event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2025	Payee name Baymont by Wyndham	
Amount (\$) \$150.97	Payee address; City; State; Zip Code 120 S. Main St. Jewett, TX 75846	
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 hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Bellmead Enterprises LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3612 Bellmead Dr. Bellmead, TX 76705	
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 rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/26/2025	5 Payee name Bellmead Enterprises LLC	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 3612 Bellmead Dr. Bellmead, TX 76705	
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 rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Bellmead Enterprises LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3612 Bellmead Dr. Bellmead, TX 76705	
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 rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Bellmead Enterprises LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3612 Bellmead Dr. Bellmead, TX 76705	
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 rent expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/22/2025	5 Payee name Bellmead Enterprises LLC	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 3612 Bellmead Dr. Bellmead, TX 76705	
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 rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Bellmead Enterprises LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3612 Bellmead Dr. Bellmead, TX 76705	
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 rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Big Cyprus Research	
Amount (\$) \$7,791.80	Payee address; City; State; Zip Code 2745 First Street #117 Fort Myers, FL 33916	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/10/2025	5 Payee name Big Cyprus Research	
6 Amount (\$) \$7,719.80	7 Payee address; City; State; Zip Code 2745 First Street #117 Fort Myers, FL 33916	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Research data
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Bucee's	
Amount (\$) \$44.43	Payee address; City; State; Zip Code 165 State Hwy 77 Hillsboro , TX 76645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Budget Inn	
Amount (\$) \$80.50	Payee address; City; State; Zip Code 336 West Commerce St. Buffalo, TX 75831	
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 July 4th parade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/09/2025	5 Payee name CEFCO	
6 Amount (\$) \$32.68	7 Payee address; City; State; Zip Code 4305 Bellmead Dr, Bellmead , TX 76705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name CEFCO	
Amount (\$) \$34.94	Payee address; City; State; Zip Code 101 Williams St, Marlin, TX 76661	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for in district travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name CEFCO	
Amount (\$) \$41.71	Payee address; City; State; Zip Code 405 W. US Hwy 79 Franklin, TX 77856	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/26/2025	5 Payee name CEFCO	
6 Amount (\$) \$57.79	7 Payee address; City; State; Zip Code 3100 East End Blvd Marshall, TX 75672	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas for travel to get fireworks for New Year's eve fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name CTWP	
Amount (\$) \$724.73	Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 Printer rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name CTWP	
Amount (\$) \$352.16	Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 Printer rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/31/2025	5 Payee name CTWP	
6 Amount (\$) \$351.81	7 Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 Printer rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name CTWP		
Amount (\$) \$351.90	Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 printer rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name CTWP		
Amount (\$) \$410.96	Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 printer rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/06/2025	5 Payee name CTWP	
6 Amount (\$) \$404.98	7 Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 Printer rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name CTWP	
Amount (\$) \$360.97	Payee address; City; State; Zip Code 3730 Franklin Ave Waco, TX 76710	
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 printer rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Cadence Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 400 E. Marys Street Centerville, TX 75833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) bank fee for cashier check	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cashier check fee to register for Republican party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/28/2025	5 Payee name Caseys	
6 Amount (\$) \$45.32	7 Payee address; City; State; Zip Code 615 W. Main St. Branson, MO 65616	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas to Fireworks store in Missouri for New Year's Eve fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Centerville News	
Amount (\$) \$45.00	Payee address; City; State; Zip Code P.O. Box 97 Centerville, TX 75833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keeping up with news in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Chefs At The Roundtable	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 8895 Highway 7w Jewett, TX 75846	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 food and beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/17/2025	5 Payee name Chevron	
6 Amount (\$) \$29.15	7 Payee address; City; State; Zip Code 3612 Bellmead Dr. Waco, TX 76705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Chevron	
Amount (\$) \$30.69	Payee address; City; State; Zip Code 801 TX-14 Thorton, TX 76687	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2025	Payee name Chubb Insurance	
Amount (\$) \$825.00	Payee address; City; State; Zip Code 2 Riverway Houston, TX 77056	
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 Insurance for the year for Waco campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/26/2025	5 Payee name Circle K	
6 Amount (\$) \$36.48	7 Payee address; City; State; Zip Code 6312 IH-35 N Lacy Lakeview, TX 76705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Circle K	
Amount (\$) \$50.73	Payee address; City; State; Zip Code 2160 Rock Prairie College Station, TX 77845	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2025	Payee name Circle K	
Amount (\$) \$34.79	Payee address; City; State; Zip Code 701 N. Robinson Robinson, TX 76206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/01/2025	5 Payee name Circle K	
6 Amount (\$) \$34.37	7 Payee address; City; State; Zip Code 701 S Robinson Dr. Robinson , TX 76706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2025	Payee name Circle K	
Amount (\$) \$28.46	Payee address; City; State; Zip Code 605 Hwy 45 Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2025	Payee name Circle K	
Amount (\$) \$39.95	Payee address; City; State; Zip Code 3035 Plantation Dr. Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/12/2025	5 Payee name Circle K	
6 Amount (\$) \$29.40	7 Payee address; City; State; Zip Code 110 E. Loop 340 Bellmead, TX 76705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2025	Payee name Circle K	
Amount (\$) \$24.49	Payee address; City; State; Zip Code 701 Robinson Dr. Robinson, TX 76706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Circle K	
Amount (\$) \$28.95	Payee address; City; State; Zip Code 6333 San Felipe St. Houston, TX 77057	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/29/2025	5 Payee name Citizens State Bank TX	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 400 E. Saint Marys Street Centerville, TX 75834	
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 stop payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Citizens State Bank TX	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 400 E. Saint Marys Street Centerville, TX 75834	
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 Stop payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name City of Bellmead Convention Center	
Amount (\$) \$251.25	Payee address; City; State; Zip Code 3900 Parrish St. Waco, TX 76705	
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 Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/16/2025	5 Payee name City of Bellmead	
6 Amount (\$) \$386.25	7 Payee address; City; State; Zip Code 3900 Parrish St. Waco, TX 76705	
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 dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/18/2025	Candidate/Officeholder name Clifton Record	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 310 W,5th Street Clifton, TX 76634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keep up with news in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2025	Candidate/Officeholder name Courtyard Marriott	
Amount (\$) \$73.97	Payee address; City; State; Zip Code 6530 W. Freeway Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/25/2025	5 Payee name Courtyard Marriott	
6 Amount (\$) \$17.99	7 Payee address; City; State; Zip Code 6530 W. Freeway Fort Worth, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel fee for booking direct vs online
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2025	Payee name Courtyard Marriott	
Amount (\$) \$98.82	Payee address; City; State; Zip Code 6532 W. Freeway Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging for meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Courtyard by Marriott	
Amount (\$) \$171.96	Payee address; City; State; Zip Code 6530 West Freeway Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging for meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/01/2025	5 Payee name Dallas County Council of Republican Women	
6 Amount (\$) \$41.50	7 Payee address; City; State; Zip Code Eisman Performance Center 2351 Performance Dr. Richardson, TX 75082	
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 1 ticket to the Together We Rise event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name Defiant Inc.	
Amount (\$) \$149.00	Payee address; City; State; Zip Code 1700 Westlake Ave N. Suite 200 Seattle, WA 98109-6212	
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 WordFence software app
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name EPIC Agency	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 117 Saundersville Rd-203 Hendersonville, TN 37075	
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 Veterans Day event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/30/2025	5 Payee name EPIC Agency	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 117 Saundersville Rd-203 Hendersonville, TN 37075	
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 Veterans Day event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Ecanvasser Dublin	
Amount (\$) \$410.29	Payee address; City; State; Zip Code Unit 6A South Rim Business Park Kinsale Rd. Dublin Dublin 11 Ireland	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 software package
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2025	Payee name Express Mart	
Amount (\$) \$59.61	Payee address; City; State; Zip Code Festus West 510 / 801 Collins Dr. Festus, MO 63028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas to get fireworks for New Year's Eve fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/16/2025	5 Payee name Exxon End Zone Mini Mart	
6 Amount (\$) \$33.65	7 Payee address; City; State; Zip Code 402 S Memorial St. Riesel, TX 76682	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for in district travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Exxon	
Amount (\$) \$37.82	Payee address; City; State; Zip Code 1103 State Hwy 6 Marlin, TX 76661	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Exxon	
Amount (\$) \$37.05	Payee address; City; State; Zip Code 13309 Hwy 21 West North Zulch, TX 77872	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/16/2025	5 Payee name Exxon	
6 Amount (\$) \$36.87	7 Payee address; City; State; Zip Code 402 S Memorial Riesel, TX 76682	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2025	Payee name Exxon	
Amount (\$) \$35.35	Payee address; City; State; Zip Code Exxon 31100 FM 2920 Rd Waller, TX 77484	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Exxon	
Amount (\$) \$35.62	Payee address; City; State; Zip Code 12727 FM 2154 College Station, TX 77485	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/14/2025	5 Payee name Exxon	
6 Amount (\$) \$41.50	7 Payee address; City; State; Zip Code 1940 Texas Ave. College Station, TX 77540	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Exxon	
Amount (\$) \$53.78	Payee address; City; State; Zip Code Exxon 101 L. R. Campbell Rd. Italy, TX 76651	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Facebook	
Amount (\$) \$4.20	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 social media posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/29/2025	5 Payee name Facebook	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Marketing - social media posts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name Facebook	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Marketing/social media posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2025	Payee name Facebook	
Amount (\$) \$1.28	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 social media post
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/15/2025	5 Payee name Facebook	
6 Amount (\$) \$2.80	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 social media posts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Facebook	
Amount (\$) \$37.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 social media posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Facebook	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 social media posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/29/2025	5 Payee name Facebook	
6 Amount (\$) \$12.32	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 social media posts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Facebook	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Social media posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Fairfield Inn and Suites	
Amount (\$) \$318.30	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 Hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/16/2025	5 Payee name Fairfield Inn by Marriott	
6 Amount (\$) \$76.79	7 Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 hotel stay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Fairfield Inn by Marriott	
Amount (\$) \$76.97	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 travel for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Fairfield Inn by Marriott	
Amount (\$) \$77.47	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 travel for the campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/14/2025	5 Payee name Fairfield Inn by Marriott	
6 Amount (\$) \$355.80	7 Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 hotel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Fairfield Inn by Marriott		
Amount (\$) \$333.57	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 hotel while traveling
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Fairfield Inn by Marriott		
Amount (\$) \$555.56	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 Hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/06/2025	5 Payee name Fairfield Inn by Marriott	
6 Amount (\$) \$431.35	7 Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 hotel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2025	Payee name Fairfield Inn by Marriott	
Amount (\$) \$431.35	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Fairfield Inn by Marriott	
Amount (\$) \$332.55	Payee address; City; State; Zip Code 4257 North Ih-35 Waco, TX 76705	
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 hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/22/2025	5 Payee name Family Dollar	
6 Amount (\$) \$36.05	7 Payee address; City; State; Zip Code 600 State Hwy 155 Frankston , TX 75763	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Water, punch beverages for New Year's eve fund raiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Federal Express	
Amount (\$) \$164.05	Payee address; City; State; Zip Code 4522 S. Broadway Ave. Tyler, TX 75703	
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name Federal Express	
Amount (\$) \$48.25	Payee address; City; State; Zip Code 5616 Westheimer Rd. Houston, TX 77056	
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/09/2025	5 Payee name First Call Lonnie	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 352 Sutherland Rd. Axtell, TX 76624	
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 Fix locking on campaign door
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name First Call Lonnie	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 352 Sutherland Rd. Axtell, TX 76624	
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 sign delivery
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name First Call Lonnie	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 352 Sutherland Rd. Axtell, TX 76624	
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 sign delivery
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/23/2025	5 Payee name Francois Investments LLC	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 13795 Old Texaco Rd. Conroe, TX 77302	
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 3 sided billboard
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2025	Payee name Freestone County Fairfield Chamber of Commerce	
Amount (\$) \$36.00	Payee address; City; State; Zip Code 900 W. Commerce St. Fairfield, TX 75840 Fairfield, TX 75840	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) reading material	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reading material for county
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2025	Payee name Freestone Newspaper	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 401 East Commerce 75840 Fairfield, TX 75840	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) district county newspaper subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keeping up with news in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/25/2025	5 Payee name Frenkies Pasta Pizza	
6 Amount (\$) \$36.96	7 Payee address; City; State; Zip Code 100 E. Elm St. Hillsboro, TX 76645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Petition training	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name Friends of NRA - Leon County fundraiser	
Amount (\$) \$550.00	Payee address; City; State; Zip Code Jewitt Civic Center 111 N. Robinson Ave. Jewett, TX 75846	
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 purchased tickets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name Good Will	
Amount (\$) \$13.86	Payee address; City; State; Zip Code Frontage Rd & TX-6 College Station, TX 77845	
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 decorations for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/02/2025	5 Payee name Google G Suite	
6 Amount (\$) \$132.53	7 Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94903	
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 campaign gmail
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name Google G Suite	
Amount (\$) \$75.45	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94903	
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 Campaign gmail monthly expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Google G Suite	
Amount (\$) \$139.46	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94903	
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 campaign email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/01/2025	5 Payee name Google G Suite	
6 Amount (\$) \$229.91	7 Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94903	
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 gmail for campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name Google G Suite	
Amount (\$) \$232.81	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94903	
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 google suite for campaign email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Google G Suite	
Amount (\$) \$232.61	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94903	
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 google suite
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/31/2025	5 Payee name Gray Media TV	
6 Amount (\$) \$93,266.25	7 Payee address; City; State; Zip Code 4601 Bosque Blvd. Waco, TX 76710	
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 purchased TV ad time for the campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Guy's Lumber and Hardware	
Amount (\$) \$25.30	Payee address; City; State; Zip Code 142 W. Marys st. Centerville, TX 75833	
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 Rope and tie downs for campaign tent for booth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2025	Payee name HEB	
Amount (\$) \$265.19	Payee address; City; State; Zip Code 801 North I-H 35 Bellmead, TX 76705	
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 food and beverages for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/14/2025	5 Payee name HEB	
6 Amount (\$) \$41.50	7 Payee address; City; State; Zip Code 1910 Texas Ave. South College Station, TX 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2025	Payee name HEB	
Amount (\$) \$37.68	Payee address; City; State; Zip Code 801 N. I-35 Bellmead, TX 76705	
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 food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name HEB	
Amount (\$) \$134.80	Payee address; City; State; Zip Code 801 North I-H 35 Bellmead, TX 76705	
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 food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/10/2025	5 Payee name Hammond Quick Stop	
6 Amount (\$) \$6.44	7 Payee address; City; State; Zip Code 16194 N. State Hwy 6 Calvert, TX 77837	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hammond Quick Stop		
Amount (\$) \$44.40	Payee address; City; State; Zip Code 16194 N. State Hwy 6 Calvert, TX 77837	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name Heculaneun fireworks		
Amount (\$) \$1,729.00	Payee address; City; State; Zip Code 98 Francois Dr. Herculaneum, MO 63028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fireworks for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/27/2025	5 Payee name Heslep, Norma	
6 Amount (\$) \$2,080.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Axtel, TX 76624	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Heslep, Norma	
Amount (\$) \$2,740.00	Payee address; City; State; Zip Code 352 Sutherland Rd. Axtel, TX 76624	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name Heslep, Norma	
Amount (\$) \$3,260.00	Payee address; City; State; Zip Code 352 Sutherland Rd. Axtel, TX 76624	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/01/2025	5 Payee name Heslep, Norma	
6 Amount (\$) \$2,060.00	7 Payee address; City; State; Zip Code 352 Sutherland Rd. Axtel, TX 76624	
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 Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,620.00	Payee name Heslep, Norma Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Axtel, TX 76624	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,000.00	Payee name HighPoint Signs and Apparel Payee address; City; State; Zip Code 1516 Shiloh Ave. Bryan, TX 77803	
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 hats with campaign logo
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/26/2025	5 Payee name HighPoint Signs and Apparel	
6 Amount (\$) \$1,780.00	7 Payee address; City; State; Zip Code 1516 Shiloh Ave. Bryan, TX 77803	
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 Shirts with campaign logo
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name HighPoint Signs and Apparel	
Amount (\$) \$3,240.00	Payee address; City; State; Zip Code 1516 Shiloh Ave. Bryan, TX 77803	
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 ordered more campaign hats to hand out at events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Hillsboro Report	
Amount (\$) \$59.00	Payee address; City; State; Zip Code 335 Country Club Rd. Hillsboro, TX 76645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense news in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/24/2025	5 Payee name Hilton	
6 Amount (\$) \$109.99	7 Payee address; City; State; Zip Code 9999 Westheimer Road Houston, TX 77042	
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 Hotel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name Hilton	
Amount (\$) \$448.03	Payee address; City; State; Zip Code 113 S University Parks Dr. Waco, TX 76701	
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 lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Hobby Lobby	
Amount (\$) \$142.15	Payee address; City; State; Zip Code 501 Sawdust Rd Spring, TX 77380	
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 items for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/29/2025	5 Payee name Hobby Lobby	
6 Amount (\$) \$145.01	7 Payee address; City; State; Zip Code 3009 Hwy 30 W. Suite 300 Huntsville , TX 77340	
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 items purchased for campaign booth
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn Express		
Amount (\$) \$345.96	Payee address; City; State; Zip Code 102 Dynasty Drive Hillsboro, TX 76645	
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 several nights hotel stay
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn Express		
Amount (\$) \$104.97	Payee address; City; State; Zip Code 640 Old Mexia Road Fairfield, TX 75840	
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 hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/01/2025	5 Payee name Home Depot	
6 Amount (\$) \$494.78	7 Payee address; City; State; Zip Code 5605 W. Waco Dr. Waco, TX 76710	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Furnishing Campaign office	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for Campaign office - batteries, safe
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Home Depot	
Amount (\$) \$216.49	Payee address; City; State; Zip Code 1803 NIH 35 Waco, TX 76705	
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 Additional Ring camera for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Home Depot	
Amount (\$) \$204.43	Payee address; City; State; Zip Code 5605 W. Waco Dr. Waco, TX 76710	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) furnishings for campaign office	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ring security cameras, large trash can, extra keys
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/26/2025	5 Payee name Home Depot	
6 Amount (\$) \$82.41	7 Payee address; City; State; Zip Code 1803 NIH 35 Waco, TX 76705	
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 Additional Ring camera for the outside
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name Home Depot	
Amount (\$) \$14.04	Payee address; City; State; Zip Code 1803 NIH 35 Waco, TX 76705	
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 box of staples
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name Home Depot	
Amount (\$) \$88.32	Payee address; City; State; Zip Code 1803 NIH 35 Waco, TX 76705	
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 New keys and FOB devices needed for accessing doors
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/19/2025	5 Payee name Home Depot	
6 Amount (\$) \$21.57	7 Payee address; City; State; Zip Code 5605 W. Waco Dr. Waco, TX 76710	
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 sturdy larger mailbox to be able to receive mail without getting wet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Home Goods	
Amount (\$) \$1,081.00	Payee address; City; State; Zip Code 2408 West Loop 340 Waco, TX 76711	
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 table, chairs, desk
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Home Shack	
Amount (\$) \$949.35	Payee address; City; State; Zip Code 5900 Franklin Ave. Waco, TX 76710	
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 lighting, additional tables chairs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/01/2025	5 Payee name Home Shack	
6 Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 5900 Franklin Ave. Waco, TX 76710	
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 delivery charge for delivering the seating for office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Hoot Suite	
Amount (\$) \$431.92	Payee address; City; State; Zip Code 111 East 5th Avenue Vancouver British Columbia V5T4L1 Canada	
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 App for tracking social media input/output
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2025	Payee name Hoot Suite	
Amount (\$) \$431.93	Payee address; City; State; Zip Code 111 East 5th Avenue Vancouver British Columbia V5T4L1 Canada	
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 Social media app for tracking input/output - August bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/29/2025	5 Payee name Hoot Suite	
6 Amount (\$) \$425.34	7 Payee address; City; State; Zip Code 111 East 5th Avenue Vancouver British Columbia V5T4L1 Canada	
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 Marketing/social media monthly app cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Hoot Suite	
Amount (\$) \$425.34	Payee address; City; State; Zip Code 111 East 5th Avenue Vancouver British Columbia V5T4L1 Canada	
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 Marketing/social media monthly app cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Hoot Suite	
Amount (\$) \$425.34	Payee address; City; State; Zip Code 111 East 5th Avenue Vancouver British Columbia V5T4L1 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing/social media monthly app cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/29/2025	5 Payee name Hoot Suite	
6 Amount (\$) \$425.34	7 Payee address; City; State; Zip Code 111 East 5th Avenue Vancouver British Columbia V5T4L1 Canada	
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 Marketing/social media monthly app cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name Igloo Cool Gear	
Amount (\$) \$271.50	Payee address; City; State; Zip Code 777 Igloo Rd. Katy, TX 77494	
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 2 pull coolers to support volunteers/staff at events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Imprint Anything	
Amount (\$) \$893.06	Payee address; City; State; Zip Code 708 lake Air Dr. Waco, TX 76710	
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 Billboard posters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/02/2025	5 Payee name In Touch Design	
6 Amount (\$) \$7,934.98	7 Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 Design banner, bus card, stickers, social media layout, calendar, printing expense; endorsement vide
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name In Touch Design	
Amount (\$) \$11,966.60	Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 design logos letterhead, envelopes, create business cards with QR code, printing expense for these
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2025	Payee name In Touch Design	
Amount (\$) \$6,682.35	Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 design push cards; printing donation cards, comparison flyers, work on social media
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/01/2025	5 Payee name In Touch Design	
6 Amount (\$) \$7,909.70	7 Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 add'l videos, billboard graphics; create posts for social media; design graphics for events;
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name In Touch Design	
Amount (\$) \$2,623.09	Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 marketing items, design, social media posts etc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2025	Payee name In Touch Design	
Amount (\$) \$3,580.64	Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media posts; graphic design for mailers, donation cards;
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/18/2025	5 Payee name In Touch Design	
6 Amount (\$) \$9,540.97	7 Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs, graphic design, printing fees, social media posts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name In Touch Design	
Amount (\$) \$3,209.30	Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print campaign signin sheet; printing business cards;social media posts; name tags; design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name In Touch Design	
Amount (\$) \$9,618.90	Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 design xmas cards and finance mailers;order/paid for more campaign Tshirts; campaign bus cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/29/2025	5 Payee name In Touch Design	
6 Amount (\$) \$12,780.55	7 Payee address; City; State; Zip Code 11839 Moss Branch Rd. Houston, TX 77043	
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 830 signs printing and delivery to In Touch Design business. Social media work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name In and Out Burger	
Amount (\$) \$30.85	Payee address; City; State; Zip Code 801 S 4th St. Waco, TX 76706	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2025	Payee name Intuit Quickbooks	
Amount (\$) \$105.53	Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, TX 94043	
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 Quickbooks software for campaign expense and donation records July and August bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/13/2025	5 Payee name Intuit Quickbooks	
6 Amount (\$) \$105.53	7 Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, TX 94043	
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 September bill for Campaign quickbooks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Intuit Quickbooks	
Amount (\$) \$105.53	Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, TX 94043	
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 Quickbooks used to track donations and expenses for the campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Intuit Quickbooks	
Amount (\$) \$105.53	Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, TX 94043	
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 Quickbooks for Campaign finance tracking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/13/2025	5 Payee name Intuit Quickbooks	
6 Amount (\$) \$105.53	7 Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, TX 94043	
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 tracking campaign finance bank details
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Intuit Quickbooks	
Amount (\$) \$105.53	Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, TX 94043	
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 Application to manage campaign finance data.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Johnston, Charlie	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 13940 W. 26th Ave. Golden, CO 80401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/30/2025	5 Payee name Johnston, Charlie	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 13940 W. 26th Ave. Golden, CO 80401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 July salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2025	Candidate/Officeholder name Johnston, Charlie	
Amount (\$) \$5,000.00	Office sought 13940 W. 26th Ave. Golden, CO 80401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 August salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2025	Candidate/Officeholder name Johnston, Charlie	
Amount (\$) \$5,000.00	Office sought 13940 W. 26th Ave. Golden, CO 80401	
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 September salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/30/2025	5 Payee name Johnston, Charlie	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 13940 W. 26th Ave. Golden, CO 80401	
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 October salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/25/2025	Candidate/Officeholder name Johnston, Charlie	
Amount (\$) \$5,000.00	Office sought 13940 W. 26th Ave. Golden, CO 80401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 paycheck for November hours
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Johnston, Charlie	
Amount (\$) \$5,000.00	Office sought REDACTED PER 254.0401, ELEC. CODE Golden, CO 80401	
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 December consulting salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/31/2025	5 Payee name Kroger Fuel	
6 Amount (\$) \$48.25	7 Payee address; City; State; Zip Code 1215 North St. Nacogdoches, TX 75961	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas delivery fireworks for New Year's Eve fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name La Quinta Inn	
Amount (\$) \$247.96	Payee address; City; State; Zip Code 1513 Old Brandon Road Hillsboro, TX 76645	
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 hotel accommodations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Lake Whitney Chamber of Commerce	
Amount (\$) \$135.00	Payee address; City; State; Zip Code 101 E. Jefferson Ave. Whitney, TX 76692	
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 Booth rental at the Pioneer Days festival
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/07/2025	5 Payee name Lakeside Grocery	
6 Amount (\$) \$40.16	7 Payee address; City; State; Zip Code 10915 S State Highway 6 Bryan, TX 77807	
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 team meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Lamar Companies	
Amount (\$) \$4,506.75	Payee address; City; State; Zip Code 5110 N. General Bruce Dr. Temple, TX 76501	
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 billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Lamar Companies	
Amount (\$) \$278.10	Payee address; City; State; Zip Code 5110 N. General Bruce Dr. Temple, TX 76501	
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 billboard extension to allow for date change on election primary vs general
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/27/2025	5 Payee name Leesburg Mobile	
6 Amount (\$) \$20.02	7 Payee address; City; State; Zip Code 6969 N, Service Rd 65535 Leasburg, MO 65535	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas for travel to get and delivery fireworks for New Year's Eve fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2025	Payee name Limestone County Republican Women	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 201 E. 7th Street Thorton, TX 76687	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dues for membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Littrell Outdoor Advertising	
Amount (\$) \$5,820.00	Payee address; City; State; Zip Code 708 lake Air Dr. Waco, TX 76710	
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 billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/10/2025	5 Payee name Lone Star Cafe	
6 Amount (\$) \$116.76	7 Payee address; City; State; Zip Code 100 Dynasty Dr Hillsboro , TX 76645	
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 lunch meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name Lone Star Tavern and Steak House	
Amount (\$) \$850.00	Payee address; City; State; Zip Code 4713 Bellmead Waco, TX 76705	
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 food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Lone Star Tavern and Steak House	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 4713 Bellmead Waco, TX 76705	
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 food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/29/2025	5 Payee name Lone Star Tavern and Steak House	
6 Amount (\$) \$965.00	7 Payee address; City; State; Zip Code 4713 Bellmead Waco, TX 76705	
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 food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Love's Country Store	
Amount (\$) \$32.00	Payee address; City; State; Zip Code 1423 N Market St. Hearne, TX 77859	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name Love's Gas	
Amount (\$) \$54.10	Payee address; City; State; Zip Code 1029 Dale Evans Italy, TX 76651	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/01/2025	5 Payee name Lowes	
6 Amount (\$) \$108.23	7 Payee address; City; State; Zip Code 4451 Hwy 6 College Station, TX 77845	
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 fans
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Lowes	
Amount (\$) \$57.29	Payee address; City; State; Zip Code 201 N New Rd. Waco, TX 76710	
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 Texas and American flags
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name Madole	
Amount (\$) \$210.13	Payee address; City; State; Zip Code 2915 TX-21 Madisonville, TX 77864	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Portable bathroom rental for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 67/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/12/2025	5 Payee name Mailerlite	
6 Amount (\$) \$21.65	7 Payee address; City; State; Zip Code 548 Market Street San Francisco, CA 94104	
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 app to create newsletter; facilitate email marketing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Mailerlite	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 548 Market Street San Francisco, CA 94104	
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 supporting email marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2025	Payee name Marlin and Rosebud newspaper	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 251 Live Oak St. Marlin, TX 76661	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keeping up with district news
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 68/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/21/2025	5 Payee name Marsh McLennan Agency Insurance	
6 Amount (\$) \$1,232.46	7 Payee address; City; State; Zip Code 8144 Walnut Hill Lane 16th Floor Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Insurance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For Cybercrime protection
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2025	Payee name Marsh McLennan Agency Insurance	
Amount (\$) \$2,033.00	Payee address; City; State; Zip Code 8144 Walnut Hill Lane 16th Floor Dallas, TX 75231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Insurance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense The Cybercrime ins is paid through Marsh but underwritten by Travelers and includes broker fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name McCarty, Ethan	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 2001 Holleman Dr. West Apt. 0513 College Station, TX 77840	
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 June salary paid in July reported prior as F2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 69/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/30/2025	5 Payee name McCarty, Ethan	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 2001 Holleman Dr. West Apt. 0513 College Station, TX 77840	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name McCarty, Ethan	
Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 2001 Holleman Dr. West Apt. 0513 College Station, TX 77840	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name McCarty, Ethan	
Amount (\$) \$396.00	Payee address; City; State; Zip Code 2001 Holleman Dr. West Apt. 0513 College Station, TX 77840	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 70/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/29/2025	5 Payee name McCarty, Ethan	
6 Amount (\$) \$440.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Bryan, TX 77803	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name McCord, Andrew	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 6848 Bandera Ave. Apt. 450 Dallas, TX 75225	
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 June salary but paid in July prior reported as F2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name McCord, Andrew	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 6848 Bandera Ave. Apt. 450 Dallas, TX 75225	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 71/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/03/2025	5 Payee name McCord, Andrew	
6 Amount (\$) \$1,958.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75225	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name McCord, Andrew	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75225	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2025	Payee name Mexica and Groesbeck Newspapers	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 214 N. Railroad Mexia, TX 76667	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keeping up with news in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 72/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/10/2025	5 Payee name Mike's Country Store	
6 Amount (\$) \$37.12	7 Payee address; City; State; Zip Code 209 N Main St. Calvert, TX 77837	
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 travel meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2025	Payee name Nation Builder	
Amount (\$) \$3,250.00	Payee address; City; State; Zip Code 6515 W Sunset Blvd, Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 voter file
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Nation Builder	
Amount (\$) \$268.00	Payee address; City; State; Zip Code 6515 W Sunset Blvd, Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 voter information
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 73/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/16/2025	5 Payee name Nation Builder	
6 Amount (\$) \$268.00	7 Payee address; City; State; Zip Code 6515 W Sunset Blvd, Ste 440 Los Angeles , CA 90028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 voter information.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name Normangee Newspaper	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 202 Heath St. Normangee, TX 77871	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense receive district news
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Norton Rose Fulbright	
Amount (\$) \$4,005.50	Payee address; City; State; Zip Code 1550 Lamar Suite 2000 Houston, TX 77010	
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 Waco office lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 74/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/02/2025	5 Payee name Office Depot	
6 Amount (\$) \$120.08	7 Payee address; City; State; Zip Code 715 Texas Ave. College Station, TX 77840	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2025	Payee name Office Depot	
Amount (\$) \$139.61	Payee address; City; State; Zip Code 4627 S Jack Kultgen Expy. Waco, TX 76706	
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 copier paper multiple boxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name Office Depot	
Amount (\$) \$15.69	Payee address; City; State; Zip Code 5524 Bosque Blvd. Waco, TX 76710	
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 clipboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 75/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/15/2025	5 Payee name Office Depot	
6 Amount (\$) \$25.66	7 Payee address; City; State; Zip Code 1680 Lake Woodlands Dr. The Woodlands, TX 77380	
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 bookkeeping tablet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2025	Payee name Omni Hotel	
Amount (\$) \$12.18	Payee address; City; State; Zip Code 4 Riverway Houston, TX 77056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Parking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Our Store gas station	
Amount (\$) \$21.93	Payee address; City; State; Zip Code 25 Calvery Rd. Willis, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas to get to event where campaign participated
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 76/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/22/2025	5 Payee name Parkfest 2025	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 604 N. 8th Street Teague, TX 75860	
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 Booth and parade entry
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Peak Parking 823 Congress	
Amount (\$) \$14.19	Payee address; City; State; Zip Code 910 Brazos St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name PetSmart	
Amount (\$) \$19.26	Payee address; City; State; Zip Code 4600 Franklin Ave. Waco, TX 76710	
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 decoration for parade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 77/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/07/2025	5 Payee name Precision Towing	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 1621 Gooseneck Dr. Bryan , TX 77808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 new battery needed
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2025	Payee name Quality Inn & Suites	
Amount (\$) \$437.00	Payee address; City; State; Zip Code 1508 I-35 North Waco, TX 76705	
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 travel for campaign staff meeting and grand opening
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2025	Payee name Quick Trip	
Amount (\$) \$35.58	Payee address; City; State; Zip Code 101 Everman Pkwy 76108 Forth Worth, TX 76108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 78/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/27/2025	5 Payee name Quick Trip	
6 Amount (\$) \$54.99	7 Payee address; City; State; Zip Code 3551 Hwy Point Industrial Park Dr. Rolla, MO 65401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas travel to get fireworks for New Year's Eve fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2025	Payee name R&K Cafe	
Amount (\$) \$37.18	Payee address; City; State; Zip Code 103 N Waco St. Hillsboro, TX 76645	
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 travel in district/dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name RFT Media, LLC	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense development hours
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 79/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/07/2025	5 Payee name RFT Media, LLC	
6 Amount (\$) \$88.11	7 Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense development hour
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2025	Payee name RFT Media, LLC	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting/maintenance expense for Campaign website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name RFT Media, LLC	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign web development changes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 80/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/01/2025	5 Payee name RFT Media, LLC	
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign site hosting/maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2025	Payee name RFT Media, LLC	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting fee campaign website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name RFT Media, LLC	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense updates to campaign web site
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 81/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/26/2025	5 Payee name RFT Media, LLC	
6 Amount (\$) \$1,900.00	7 Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign site web development
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name RFT Media, LLC	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting fee for campaign web site
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2025	Payee name RFT Media, LLC	
Amount (\$) \$3,900.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 82/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/28/2025	5 Payee name RFT Media, LLC	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign web development
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name RFT Media, LLC	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense early November development hours
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name RFT Media, LLC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign web development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 83/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/16/2025	5 Payee name RFT Media, LLC	
6 Amount (\$) \$2,400.00	7 Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign web development
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name RFT Media, LLC	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 2219 Ave M Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign web site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign web development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Racetrac	
Amount (\$) \$34.53	Payee address; City; State; Zip Code 3241 E Broad St. Mansfield, TX 76063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 84/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/18/2025	5 Payee name Red Roof Inn	
6 Amount (\$) \$247.95	7 Payee address; City; State; Zip Code 2736 West Commerce St. Buffalo, TX 75831	
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 hotel accommodations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name Reisel Food Mart Gas	
Amount (\$) \$52.65	Payee address; City; State; Zip Code 402 So. Memorial Riesel, TX 76682	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2025	Payee name Relax Inn	
Amount (\$) \$80.64	Payee address; City; State; Zip Code 1215 State Highway 6 Marlin, TX TX 76661 Marlin, TX 76661	
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 Meeting with county chair
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 85/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/27/2025	5 Payee name Republican Party of Leon County	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 478 Buffalo, TX 75831	
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 Republican party of Leon county fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 900 Congress Ave Ste 300 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ballot fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for registering to be on primary ballot March 2026
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Richey, Tatum	
Amount (\$) \$1,364.00	Payee address; City; State; Zip Code 109 East Santa Anna Rd. Waco, TX 76706	
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 June salary paid July reported prior as F2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 86/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/30/2025	5 Payee name Richey, Tatum	
6 Amount (\$) \$2,409.00	7 Payee address; City; State; Zip Code 109 East Santa Anna Rd. Waco, TX 76706	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2025	Candidate/Officeholder name Richey, Tatum	
Amount (\$) \$2,016.00	Office sought 109 East Santa Anna Rd. Waco, TX 76706	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/04/2025	Candidate/Officeholder name Richey, Tatum	
Amount (\$) \$1,364.00	Office sought REDACTED PER 254.0401, ELEC. CODE Waco, TX 76706	
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 Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 87/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/06/2025	5 Payee name Richey, Tatum	
6 Amount (\$) \$2,835.00	7 Payee address; City; State; Zip Code 109 East Santa Anna Rd. Waco, TX 76706	
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 wages for October hours worked
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/03/2025	Candidate/Officeholder name Richey, Tatum	
Amount (\$) \$3,045.00	Office sought 109 East Santa Anna Rd. Waco, TX 76706	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Richey, Tatum	
Amount (\$) \$2,398.00	Office sought REDACTED PER 254.0401, ELEC. CODE Waco, TX 76706	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 88/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/11/2025	5 Payee name Ruby's Food Mart	
6 Amount (\$) \$38.00	7 Payee address; City; State; Zip Code 1103 State Hwy 6 Marlin, TX 76661	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name Ruby's Food Mart	
Amount (\$) \$35.24	Payee address; City; State; Zip Code 1103 State Hwy 6 Marlin, TX 76661	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Sam's Club	
Amount (\$) \$527.94	Payee address; City; State; Zip Code 2301 E Waco Dr. Waco, TX 76705	
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 furniture for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 89/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/01/2025	5 Payee name Sam's Club	
6 Amount (\$) \$299.78	7 Payee address; City; State; Zip Code 2301 E Waco Dr. Waco, TX 76705	
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 chairs and shelving
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Sam's Club	
Amount (\$) \$277.59	Payee address; City; State; Zip Code 2301 E Waco Dr. Waco, TX 76705	
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 for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Sam's Club	
Amount (\$) \$44.49	Payee address; City; State; Zip Code 2301 E Waco Dr. Waco, TX 76705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 silent auction items
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 90/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/01/2025	5 Payee name Sam's Club	
6 Amount (\$) \$122.00	7 Payee address; City; State; Zip Code 2301 E Waco Dr. Waco, TX 76705	
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 food and beverage for office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2025	Payee name Satterfield, Dean and Kathy	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 110 Leslie St. Groesbeck, TX 76642	
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 Meet and Greet event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Scripps Broadcasting	
Amount (\$) \$62,007.50	Payee address; City; State; Zip Code 1909 S. New Rd. Waco, TX 76711	
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 purchased TV Ad time for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 91/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/07/2025	5 Payee name Shell Gas	
6 Amount (\$) \$29.40	7 Payee address; City; State; Zip Code 13244 S. State Hwy. Bryan, TX 77807	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Shell Gas	
Amount (\$) \$60.71	Payee address; City; State; Zip Code 545 Skyline Dr. Conway, AR 72032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 gas for travel to get fireworks for New Year's Eve fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2025	Payee name Shell at Woody's Smokehouse	
Amount (\$) \$30.56	Payee address; City; State; Zip Code 947 W. St. Marys Centerville, TX 75833	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas traveling in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 92/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/01/2025	5 Payee name Shell	
6 Amount (\$) \$33.95	7 Payee address; City; State; Zip Code 450 Southwest Pkwy. East College Station, TX 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Shell	
Amount (\$) \$27.13	Payee address; City; State; Zip Code 1656 S Market St. 77859 Hearne, TX 77859	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Shell	
Amount (\$) \$39.44	Payee address; City; State; Zip Code 431 W.Commerce St. Buffalo, TX 75831	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas for travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 93/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/18/2025	5 Payee name Sign Ad Outdoor	
6 Amount (\$) \$7,786.50	7 Payee address; City; State; Zip Code 1010 North Loop Houston, TX 77249	
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 billboards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Sonic Drive In	
Amount (\$) \$5.07	Payee address; City; State; Zip Code 1515 N, I-35 Bellmead, TX 76705	
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 office staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2025	Payee name Spectrum	
Amount (\$) \$143.29	Payee address; City; State; Zip Code 2720 W. Loop 340 Waco, TX 76711	
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 Internet for Campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 94/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/03/2025	5 Payee name Spectrum	
6 Amount (\$) \$283.06	7 Payee address; City; State; Zip Code 2720 W. Loop 340 Waco, TX 76711	
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 Monthly internet expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name Spectrum	
Amount (\$) \$669.49	Payee address; City; State; Zip Code 2720 W. Loop 340 Waco, TX 76711	
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 cell phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Spectrum	
Amount (\$) \$174.21	Payee address; City; State; Zip Code 2720 W. Loop 340 Waco, TX 76711	
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 internet expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 95/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/20/2025	5 Payee name Spectrum	
6 Amount (\$) \$174.21	7 Payee address; City; State; Zip Code 2720 W. Loop 340 Waco, TX 76711	
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 Internet expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Spinning Wheel hotel	
Amount (\$) \$140.78	Payee address; City; State; Zip Code 235 Schaefer Branson, MO 65616	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Hotel for overnight stay to pick up fireworks for New Year's eve fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Spirit of Halloween	
Amount (\$) \$69.00	Payee address; City; State; Zip Code 12568 Westheimer Rd Houston, TX 77077	
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 items for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 96/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/05/2025	5 Payee name Steer Agency	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 7318 Travertine Spring Drive Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 communication consulting services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Steer Agency		
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 7318 Travertine Spring Drive 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 communication consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Steer Agency		
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 7318 Travertine Spring Drive Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 communication consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 97/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/10/2025	5 Payee name Steer Agency	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 7318 Travertine Spring Drive Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 communication consulting services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Steer Agency	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 7318 Travertine Spring Drive Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 communication consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Steer Agency	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 7318 Travertine Spring Drive Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 communication consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 98/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/27/2025	5 Payee name Stop and Start Express	
6 Amount (\$) \$35.24	7 Payee address; City; State; Zip Code 802 E Yeagua St. Groesbeck, TX 76642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 gas for travel in district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Sullentrup, Christine	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 13822 Apricot Glen College Station, TX 77845	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Sullentrup, Christine	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 13822 Apricot Glen College Station, TX 77845	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 99/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/29/2025	5 Payee name Sullentrup, Christine	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Wadsworth, IL 60083	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Sunoco Gas Station	
Amount (\$) \$30.51	Payee address; City; State; Zip Code 404 N Commerce St. Bremond, TX 76629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 gas for in district travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2025	Payee name Super 8 by Wyndham	
Amount (\$) \$109.97	Payee address; City; State; Zip Code 370 I-45 East Fairfield, TX 75840	
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 meeting with county chair
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 100/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/17/2025	5 Payee name Super 8	
6 Amount (\$) \$301.68	7 Payee address; City; State; Zip Code 225 N Craig Street Buffalo, TX 75831	
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 hotel accommodations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2025	Payee name Swift Outdoor	
Amount (\$) \$3,200.00	Payee address; City; State; Zip Code 914 Lake Air Dr. Waco, TX 76710-4554	
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 Billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Swift Outdoor	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 914 Lake Air Dr. Waco, TX 76710-4554	
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 billboard
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 101/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 11/04/2025	5 Payee name Swift Outdoor	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 914 Lake Air Dr. Waco, TX 76710-4554	
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 billboard extensions to change out election dates only
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Swift Outdoor	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 914 Lake Air Dr. Waco, TX 76710-4554	
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 billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2025	Payee name Swift Outdoor	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 914 Lake Air Dr. Waco, TX 76710-4554	
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 multiple billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 102/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/20/2025	5 Payee name Taco La Mona	
6 Amount (\$) \$66.30	7 Payee address; City; State; Zip Code 4728 Bellmead Dr. Bellmeas, TX 76705	
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 Food for volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Target	
Amount (\$) \$153.72	Payee address; City; State; Zip Code 503 I-45 Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 items for gift baskets given at silent auction event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name Target	
Amount (\$) \$63.87	Payee address; City; State; Zip Code 503 I-45 Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 silent auction gift baskets and items to go in the baskets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 103/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/29/2025	5 Payee name Target	
6 Amount (\$) \$26.83	7 Payee address; City; State; Zip Code 503 I-45 Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 More items for gift baskets to be used at multiple events
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Tedllie Stuart Media Partners, Inc.	
Amount (\$) \$13,914.06	Payee address; City; State; Zip Code 1320 Old Thorndale Rd Taylor, TX 76574-3148	
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 Printing and mailing mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Tedllie Stuart Media Partners, Inc.	
Amount (\$) \$22,114.00	Payee address; City; State; Zip Code 1320 Old Thorndale Rd Taylor, TX 76574-3148	
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 Printing and mailing mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 104/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/28/2025	5 Payee name Texarkana Center Gas	
6 Amount (\$) \$69.58	7 Payee address; City; State; Zip Code 4020 South Lake Dr. Texarkana, TX 75501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Gas for travel for fireworks for New Year's Eve fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name The Pharm Restaurant	
Amount (\$) \$147.89	Payee address; City; State; Zip Code 520 W. Commerce St. Buffalo, TX 75831	
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 food for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Tomerlin, Connie	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Madisonville, TX 77864	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 105/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/27/2025	5 Payee name Tomerlin, Connie	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 604 McIver Street Madisonville, TX 77864	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Tomerlin, Connie	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Madisonville, TX 77864	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2025	Payee name Tomerlin, Connie	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Madisonville, TX 77864	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 106/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/04/2025	5 Payee name Tomerlin, Connie	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Madisonville, TX 77864	
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 salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Tomerlin, Connie	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Madisonville, TX 77864	
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 salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name Torchlight Strategies	
Amount (\$) \$16,000.00	Payee address; City; State; Zip Code 1723 Chesterford Way McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Survey of TX HD-13 Primary Voters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 107/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/04/2025	5 Payee name Tristar	
6 Amount (\$) \$41.08	7 Payee address; City; State; Zip Code 10889 US Hwy 175 LaRue, TX 75778	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas to get to meetings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Twitter/X	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 400 W California Ave. Sunnyvale, CA 94086	
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 social media expense for posting information about campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name UPS Store	
Amount (\$) \$30.95	Payee address; City; State; Zip Code 4267 IH 35 North Waco, TX 76705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) mailing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sending campaign stationery and envelopes to person who writes thank you notes for donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 108/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/27/2025	5 Payee name USPS	
6 Amount (\$) \$99.00	7 Payee address; City; State; Zip Code 2627 S Broadway Ave Tyler, TX 75701	
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 Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name USPS	
Amount (\$) \$85.00	Payee address; City; State; Zip Code 2627 S Broadway Ave Tyler, TX 75701	
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name USPS	
Amount (\$) \$23.23	Payee address; City; State; Zip Code 4521 E. Old Axtell Rd. Axtell, TX 76624	
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 Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 109/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/29/2025	5 Payee name USPS	
6 Amount (\$) \$31.40	7 Payee address; City; State; Zip Code 310 N. Commerce St Madisonville, TX 77864	
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 Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name USPS	
Amount (\$) \$234.00	Payee address; City; State; Zip Code 4521 E. Old Axtell Rd. Axtell, TX 76624	
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name USPS	
Amount (\$) \$11.90	Payee address; City; State; Zip Code 6435 San Felipe St. Houston, TX 77057	
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 Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 110/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/11/2025	5 Payee name Ulta	
6 Amount (\$) \$145.57	7 Payee address; City; State; Zip Code 2432 W Loop 340 Waco Waco, TX 76711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) travel items needed	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense needed travel items for traveling to various counties in district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name Veteran's Day Parade Event	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 13th Street at Austin Avenue Waco, TX 76701	
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 wagon rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Waco Tribune	
Amount (\$) \$1.07	Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-newspaper via phone	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense can monitor the district articles
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 111/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 08/20/2025	5 Payee name Waco Tribune	
6 Amount (\$) \$1.08	7 Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) e-delivery to phone of short news articles	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense news about district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Waco Tribune	
Amount (\$) \$18.40	Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) digital newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense This is full newspaper access online for Waco and related cities in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2025	Payee name Waco Tribune	
Amount (\$) \$18.40	Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) e-newspaper delivery	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense full newspaper used for tracking issues related to district and about the campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 112/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 10/16/2025	5 Payee name Waco Tribune	
6 Amount (\$) \$18.40	7 Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) District research via digital newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reviewing pertinent articles for the district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Waco Tribune	
Amount (\$) \$18.40	Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Newspaper subscription	(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 newspaper to be informed of the district news
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2025	Payee name Waco Tribune	
Amount (\$) \$18.40	Payee address; City; State; Zip Code 1612 Columbus Ave. Suite D Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) newspaper subscription	(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 newspaper to be informed of the district news
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 113/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/01/2025	5 Payee name Wal-Mart	
6 Amount (\$) \$68.56	7 Payee address; City; State; Zip Code 1521 Interstate 35 N. Bellmead, TX 76705	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Wal-Mart	
Amount (\$) \$34.40	Payee address; City; State; Zip Code 1521 Interstate 35 N. Bellmead, TX 76705	
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 candy to hand out
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Wal-Mart	
Amount (\$) \$6.32	Payee address; City; State; Zip Code 1521 Interstate 35 N. Bellmead, TX 76705	
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 clipboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 114/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 07/25/2025	5 Payee name Wal-Mart	
6 Amount (\$) \$65.69	7 Payee address; City; State; Zip Code 1815 Brothers Blvd College Station, TX 77845	
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 smoke detectors and fire extinguishers for office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Wal-Mart	
Amount (\$) \$48.97	Payee address; City; State; Zip Code 5330 FM 1640 Richmond , TX 77469	
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 groceries for office staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Wal-Mart	
Amount (\$) \$104.85	Payee address; City; State; Zip Code 1406 E. Milam St. Mexia, TX 76667	
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 Items for gift bags for the event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 115/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 09/13/2025	5 Payee name Wal-Mart	
6 Amount (\$) \$63.48	7 Payee address; City; State; Zip Code 1521 I-35N Bellmead, TX 76705	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Wal-Mart	
Amount (\$) \$103.09	Payee address; City; State; Zip Code 1521 I-35 N. Bellmead, TX 76705	
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 paper plates, napkins, plastic forks, knives, spoons for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Wal-Mart	
Amount (\$) \$43.04	Payee address; City; State; Zip Code 1620 E. Main St. Madisonville, TX 77864	
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 USB storage - qty 2 for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 116/116 Rpt:	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 Date 12/29/2025	5 Payee name Wal-Mart	
6 Amount (\$) \$27.68	7 Payee address; City; State; Zip Code 1900East South East Loop 323 Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Wall, Avery	
Amount (\$) \$300.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Jewett, TX 75846	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Security for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/4 Rpt: 143/147	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/31/2025	6 Payee name Armstrong, Ann	
7 Amount (\$) \$1,885.00	8 Payee address; City; State; Zip Code 307 Ridgecrest Tyler, TX 75701	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 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 Remaining December hours through Dec 31st paid early Jan 2026
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name McCarty, Ethan	
Amount (\$) \$220.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Bryan, TX 77803	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 Dec 29-31 work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 2/4 Rpt: 144/147	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/31/2025	6 Payee name Richey, Tatum	
7 Amount (\$) \$220.00	8 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Waco, TX 76706	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 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 Wages for December 31 2025 not paid until Jan 5th
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Swift Outdoor	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 914 Lake Air Dr. Waco, TX 76710-4554	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 Billboard extensions for date information for primary to general election if applicable
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 3/4 Rpt: 145/147	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/31/2025	6 Payee name Woody's Smokehouse
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7 Amount (\$) \$462.92	8 Payee address; City; State; Zip Code 1021 W. Saint Mary St Centerville, TX 75833
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Food
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2025	Payee name Woody's Smokehouse
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Amount (\$) \$679.21	Payee address; City; State; Zip Code 1021 W. Saint Mary St Centerville, TX 75833
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 4/4 Rpt: 146/147	2 FILER NAME Wall, Kathaleen (Ms.)	3 Filer ID (Ethics Commission Filers) 00089780
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/31/2025	6 Payee name Woody's Smokehouse	
7 Amount (\$) \$216.29	8 Payee address; City; State; Zip Code 1021 W. Saint Mary St Centerville, TX 75833	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 food
11 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 147/147

2 FILER NAME
Wall, Kathaleen (Ms.)

3 Filer ID (Ethics Commission Filers)
00089780

4 Date
11/04/2025

5 Name of person from whom amount is received
City of Bellmead

8 Amount (\$)
\$250.00

6 Address of person from whom amount is received; City; State; Zip Code

Bellmead, TX 76705

7 Purpose for which amount is received ☐ Check if political contribution returned to filer
refund on deposit for renting conference room at Civic Center for Pastor Event dinner