

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) 00088178		2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI		
	NICKNAME Liz	LAST Case Pickens	SUFFIX		
			OFFICE USE ONLY		
			Date Received ELECTRONICALLY FILED 01/13/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 209 Lunar View Tuscola, TX 79562		ZIP CODE		
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
	Date Processed				
Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Linda	MI		
	NICKNAME	LAST Lockhart	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 15853 CR. 409 Cross Plains, TX 76443		APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(214) 883-2518					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
09/15/2025 12/31/2025					
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 71	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 16

13 C / OH NAME	Case Pickens, Elizabeth A. (Mrs.)	14 Filer ID	(Ethics Commission Filers)
		00088178	

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)	\$ 65.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,340.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 251.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,503.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 110,425.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100,000.00

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.

Mrs. Elizabeth A. Case Pickens

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**

3 of 16

18 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00088178	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	20,015.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	325.28
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	100,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	21,511.85
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1,991.80
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	32.52

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/16
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bragg, David <hr/> 6 Contributor address; City; State; Zip Code Murphy, TX 75094	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Infiniwell.ai
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Liz <hr/> Contributor address; City; State; Zip Code Tuscola, TX 79562-3692	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions) N/A
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Core, Edna <hr/> Contributor address; City; State; Zip Code Foley, AL 36535	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covell, Bill <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Lee <hr/> Contributor address; City; State; Zip Code Tye, TX 79563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CNC Machine Operator		Employer (See Instructions) Hartmann Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/16
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCready, Janet <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Re
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Beverly and Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Susan <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickens, Kyle <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUOTANEN, Norm <hr/> Contributor address; City; State; Zip Code Abilene, TX 79604	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) CEO/Chief Engineer, Chief Pilot		Employer (See Instructions) GSP Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/3 Rpt: 6/16

2 FILER NAME

Case Pickens, Elizabeth A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088178

4 Date

12/25/2025

5 Full name of contributor

Xia, Tiejun

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

Richardson, TX 75082

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/16	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/10/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Stephanie 7 Contributor address; City; State; Zip Code Lawn, TX 79530	8 Amount of contribution (\$) \$283.07 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Printing of Copies and Flyers
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Stephanie Contributor address; City; State; Zip Code Lawn, TX 79530	Amount of contribution (\$) \$42.21 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description printing
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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)			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 8/16

2 FILER NAME

Case Pickens, Elizabeth A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088178

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 9/16
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/31/2025	7 Name of lender Pickens, Dan <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Tuscola, TX 79562-3692	10 Interest Rate
		11 Maturity Date 12/31/2026
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) Retired
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: 1/5 Rpt: 10/16	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 12/15/2025	5 Payee name ADVANTAGE, INC.	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 9420 BONITA BEACH RD. SE SUITE 200 BONITA SPRINGS, FL 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for Blockwalking and Phonebanking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Best Printing	
Amount (\$) \$304.13	Payee address; City; State; Zip Code 844 Pine Street Abilene, TX 79601	
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 Push Card Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Brett, Rogers	
Amount (\$) \$1,200.00	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 75703	
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 Website and design efforts
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: 2/5 Rpt: 11/16	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 10/06/2025	5 Payee name Brett, Rogers	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tyler, TX 75703	
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 Website and Media design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name GRIFFIN COMMUNICATIONS, INC.	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Invoice for services rendered in September and October 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name GRIFFIN COMMUNICATIONS, INC.	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense for November 2025
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: 3/5 Rpt: 12/16	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 10/24/2025	5 Payee name Lockhart, Linda	
6 Amount (\$) \$58.20	7 Payee address; City; State; Zip Code PO BOX 611 Cross Plains, TX 76443	
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 Reimbursement for Campaign Office Phone Number
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Lockhart, Linda	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO BOX 611 Cross Plains, TX 76443	
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 Campaign Treasurer and Campaign Manager duties as assigned.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Lockhart, Linda	
Amount (\$) \$2,700.00	Payee address; City; State; Zip Code PO BOX 611 Cross Plains, TX 76443	
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 Campaign Treasurer and Campaign Manager duties as assigned.
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: 4/5 Rpt: 13/16	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 12/22/2025	5 Payee name Lockhart, Linda	
6 Amount (\$) \$2,737.22	7 Payee address; City; State; Zip Code PO BOX 611 Cross Plains, TX 76443	
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 Campaign Treasurer and Campaign Manager duties as assigned and reimbursement for monthly phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name OFFICE DEPOT	
Amount (\$) \$138.56	Payee address; City; State; Zip Code 4141 BUFFALO GAP RD ABILENE, TX 79605	
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 PushCards for events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name OFFICE DEPOT	
Amount (\$) \$834.86	Payee address; City; State; Zip Code 4141 BUFFALO GAP RD ABILENE, TX 79605	
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 Printed materials for events
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: 5/5 Rpt: 14/16	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 11/21/2025	5 Payee name Republican Party of Texas	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 211 E 7th St #915 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name VistaPrint		
Amount (\$) \$89.23	Payee address; City; State; Zip Code 95 Hayden Avenue Lexington, MA 02421	
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 Business Cards from vistaprint.com
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Vistaprint		
Amount (\$) \$148.21	Payee address; City; State; Zip Code 95 Hayden Avenue Lexington, MA 02421	
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 Business Cards from vistaprint.com
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 1/1 Rpt: 15/16	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/26/2025	6 Payee name VISTA FLAGS	
7 Amount (\$) \$1,991.80	8 Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601	
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) 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 Invoice for Yard Signs/bumper stickers and other political material printing and design.
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: 16/16

2 FILER NAME

Case Pickens, Elizabeth A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088178

4 Date

12/31/2025

5 Name of person from whom amount is received

Abilene Teachers Federal Credit Union

8 Amount (\$)

\$32.52

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

Abilene, TX 79608

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest on Campaign Bank Account from Sept, Oct., Nov., and Dec