

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) 00089876 | 2 Total pages filed: 61 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms. Kate | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 |
| | NICKNAME LAST SUFFIX Lincoln-Goldfinch | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2202 Colgate Lane Austin, TX 78723 | | Date Hand-delivered or Date Postmarked |
| | | | Receipt # Amount |
| | | | Date Processed |
| | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Joe | | |
| | NICKNAME LAST SUFFIX Pachuca | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5524 Bee Caves Road #13 Austin, TX 78746 | | |
| | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 817-3245 | | |
| 8 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded modified reporting limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH-FR)</div> </div> | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 07/01/2025 THROUGH 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 50 |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|---|---|
| 13 C / OH NAME Lincoln-Goldfinch, Kate (Ms.) | 14 Filer ID (Ethics Commission Filers) 00089876 |
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| | | | |
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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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|----------------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 78,600.00 |
| ----- EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 74,055.90 |
| ----- CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,833.73 |
| ----- OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

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

Ms. Kate Lincoln-Goldfinch
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 Lincoln-Goldfinch, Kate (Ms.) | 19 Filer ID (Ethics Commission Filers) 00089876 |
|---|---|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 78,600.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 74,055.90 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/38 Rpt: 4/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlrich, Danielle 6 Contributor address; City; State; Zip Code Austin, TX 78749 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Ryan Law |
| Date 09/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Emily Contributor address; City; State; Zip Code Austin, TX 78738 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Self | | Employer (See Instructions) Emily Anderson |
| Date 10/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andresen, Christine Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) self |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robert Contributor address; City; State; Zip Code Lakeway, TX 78734 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) IBC Bank |
| Date 11/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robert Contributor address; City; State; Zip Code Lakeway, TX 78734 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) IBC Bank |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/38 Rpt: 5/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Paquita <hr/> 6 Contributor address; City; State; Zip Code Dedham, MA 02026 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) BPS |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Laurie <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Samantha <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28403 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) US Cloud | | Employer (See Instructions) Manager |
| Date 10/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnington, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78758 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breuer, Kenny <hr/> Contributor address; City; State; Zip Code Newton, MA 02461 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Brown university | | Employer (See Instructions) Teacher |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/38 Rpt: 6/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueno, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Kirkland & Ellis |
| Date 10/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Burgess Law PC |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calaf, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Botkin Chiarello Calaf |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campa, Ginny <hr/> Contributor address; City; State; Zip Code Sandia Park, NM 87047 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Retired |
| Date 09/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canup, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Major gifts director | | Employer (See Instructions) CIS-Central Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/38 Rpt: 7/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracante, Babiana <hr/> 6 Contributor address; City; State; Zip Code Spicewood, TX 78669 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Legal | | 9 Employer (See Instructions) Meta |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Medical physician | | Employer (See Instructions) Imaging Associates of Indiana |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Medical physician | | Employer (See Instructions) Imaging Associates of Indiana |
| Date 11/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Simon <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Medical physician | | Employer (See Instructions) Imaging Associates of Indiana |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarello, Katherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78751 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Botkin Chiarello Calaf, PLLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/38 Rpt: 8/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78736 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Entertainer | | Employer (See Instructions) Self |
| Date 10/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78736 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Entertainer | | Employer (See Instructions) Self |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78736 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Entertainer | | Employer (See Instructions) Self |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78736 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Entertainer | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/38 Rpt: 9/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristol, Dvorah <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Cristol Law, PLLC |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Disney <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Bp Energy Company |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Richard <hr/> Contributor address; City; State; Zip Code Newton, MA 02459 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) Dale Advisory |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diener, Richard <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28411 | Amount of Contribution (\$) \$3,150.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Diener law |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ditto, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Beckstead Terry Ditto |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/38 Rpt: 10/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Hilda 6 Contributor address; City; State; Zip Code Mesquite, TX 75149 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Hilda Contributor address; City; State; Zip Code Mesquite, TX 75149 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Hilda Contributor address; City; State; Zip Code Mesquite, TX 75149 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duplantier, Jeanne Contributor address; City; State; Zip Code New Orleans, LA 70119 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Dona Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) State of Texas | | Employer (See Instructions) Asset Management |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/38 Rpt: 11/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Shannon <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92008 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Immigration lawyer | | 9 Employer (See Instructions) DYADlaw, P.C. |
| Date 11/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Shannon <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92008 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Immigration lawyer | | Employer (See Instructions) DYADlaw, P.C. |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Shannon <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92008 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) DYADlaw, P.C. | | Employer (See Instructions) Immigration lawyer |
| Date 10/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erlewine, Dianne <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esposito, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$4,000.00 |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) Blue Moon Software |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/38 Rpt: 12/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fatehi, Parisa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Carrie Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78733 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Bette <hr/> Contributor address; City; State; Zip Code Placitas, NM 87043 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pegasus | | Employer (See Instructions) Attorney |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Susan <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85733 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Eduardo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Attorney | | 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: 10/38 Rpt: 13/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Real Estate Agent | | 9 Employer (See Instructions) Keller Williams |
| Date 09/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franke, James <hr/> Contributor address; City; State; Zip Code Easton, MD 21601 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Lucy <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Self | | Employer (See Instructions) Consultant |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Frank <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Development Consultant | | Employer (See Instructions) Self Employed |
| Date 11/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Matias <hr/> Contributor address; City; State; Zip Code Austin, TX 78734 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) B&G |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/38 Rpt: 14/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Chappell, Cristina <hr/> 6 Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Pastrana & Garcia |
| Date 10/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Chappell, Cristina <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Pastrana & Garcia |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Chappell, Cristina <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Pastrana & Garcia |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-chappell, Cristina <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Pastrana & Garcia |
| Date 08/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geyer, Kristen <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78750 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) CM Law PLLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/38 Rpt: 15/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Denise <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Clinical professor | | 9 Employer (See Instructions) UT Law |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glakas, Sara <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Finance | | Employer (See Instructions) Black Barn Financial |
| Date 10/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldfinch, James <hr/> Contributor address; City; State; Zip Code Medford, MA 02155 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldfinch, Jessica <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70115 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Krystal <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Texas Immigration Law Council | | Employer (See Instructions) Attorney |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/38 Rpt: 16/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Rafael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Systems Engineer | | 9 Employer (See Instructions) Clearesult |
| Date 09/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lindsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigg, Dicky <hr/> Contributor address; City; State; Zip Code Austin, TX 78705 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 11/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimaldi, Melinda <hr/> Contributor address; City; State; Zip Code Davie, FL 32228 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 10/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallmark, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/38 Rpt: 17/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harriger, Matt 6 Contributor address; City; State; Zip Code Austin, TX 78722 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Casa Marianella |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helminick, Cathie Contributor address; City; State; Zip Code St Cloud, MN 56301 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hembree Bell, Hannah Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 10/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemminger, Kate Contributor address; City; State; Zip Code Sumner, WA 98390 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) Kate Hemminger |
| Date 10/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Luis Contributor address; City; State; Zip Code Tomball, TX 77375 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Law Firm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/38 Rpt: 18/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Conrad <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Vartabedian Hester & Haynes |
| Date 08/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Jeffrey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 11/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) professor/attorney | | Employer (See Instructions) self |
| Date 09/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Lauri Lyn <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27407 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inlow, Julie <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Egnyte |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/38 Rpt: 19/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaffe PhD, Jaelline 6 Contributor address; City; State; Zip Code Studio City, CA 91614 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) self | | 9 Employer (See Instructions) psychotherapist |
| Date 11/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Frances Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Frances Jones |
| Date 09/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josephson, Marge Contributor address; City; State; Zip Code New Orleans, LA 70119 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josephson, Marge Contributor address; City; State; Zip Code New Orleans, LA 70119 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellen, Jim Contributor address; City; State; Zip Code Valley Springs, CA 95252 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Almost Illegal Ads |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/38 Rpt: 20/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kharod, Ketan <hr/> 6 Contributor address; City; State; Zip Code Sunset Valley, TX 78745 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Kharod Law Firm |
| Date 10/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Karen <hr/> Contributor address; City; State; Zip Code Red Rock, TX 78662 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalski, Dan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self Employed |
| Date 11/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Bryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Scott Douglass McConnico |
| Date 11/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc Arbuckle, Wendy <hr/> Contributor address; City; State; Zip Code Asheville, NC 28803 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Movement educator | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/38 Rpt: 21/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leblanc-Arbuckle, Wendy <hr/> 6 Contributor address; City; State; Zip Code Asheville, NC 28803 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Self | | 9 Employer (See Instructions) Self |
| Date 09/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Katie <hr/> Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Katie L Lewis, PC Family Law |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libal, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Campaign Strategist | | Employer (See Instructions) The Sentencing Project |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libal, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) The Sentencing Project | | Employer (See Instructions) Campaign Strategist |
| Date 08/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lierman, Brooke <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21231 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Comptroller | | Employer (See Instructions) Maryland |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/38 Rpt: 22/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lincoln-Goldfinch, Kate <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Lincoln Goldfinch Law |
| Date 08/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lincoln-Goldfinch, Kate <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$15,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Lincoln Goldfinch Law |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippincott, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Vianovo |
| Date 09/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Bonnie <hr/> Contributor address; City; State; Zip Code BROOMFIELD, CO 80020 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Bonnie <hr/> Contributor address; City; State; Zip Code BROOMFIELD, CO 80020 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/38 Rpt: 23/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Bonnie <hr/> 6 Contributor address; City; State; Zip Code BROOMFIELD, CO 80020 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Bonnie <hr/> Contributor address; City; State; Zip Code Broomfield, CO 80020 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) social work | | Employer (See Instructions) Casa Marianella |
| Date 10/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Alfredo <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self Employed |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire, Karen <hr/> Contributor address; City; State; Zip Code Lisle, IL 60532 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Self | | Employer (See Instructions) Social worker |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/38 Rpt: 24/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Wendy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinson, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78751 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruri, Eliana <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Maruri Law Group |
| Date 12/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCulloch, Kristine <hr/> Contributor address; City; State; Zip Code Mobile, AL 36604 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 10/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Gilda <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Gilda McDowell |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/38 Rpt: 25/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Bob <hr/> 6 Contributor address; City; State; Zip Code Ramsey, MN 55303 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Richard <hr/> Contributor address; City; State; Zip Code Mountain Lake, MN 56159 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michie, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Law Office of Karen J Crawford |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jacquelyn <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Rad Wellbeing | | Employer (See Instructions) Business Owner |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milosevich, Deborah <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/38 Rpt: 26/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minck, John <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94306 | 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#: _____) Mirto, Sophia <hr/> Contributor address; City; State; Zip Code Austin, TX 78750 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Sophia Mirto | | Employer (See Instructions) Self |
| Date 10/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Scott <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Peggy <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Maggie <hr/> Contributor address; City; State; Zip Code Austin, TX 78739 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) BAL | | Employer (See Instructions) Attorney |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/38 Rpt: 27/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nahidi, Cristina <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Flash |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78753 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Amber Nichols |
| Date 09/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordstrom, Marissa <hr/> Contributor address; City; State; Zip Code Corrales, NM 87048 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Career Coach | | Employer (See Instructions) Marissa Nordstrom |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Natalia <hr/> Contributor address; City; State; Zip Code Pasco County, FL 34639 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) LCO law | | Employer (See Instructions) Lawyer |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) Opus Faveo Innovation Development |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/38 Rpt: 28/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palermo, Ashley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) MDACC |
| Date 10/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Paul Parsons PC |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastrana, Raul <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillischer, Margo <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$3,200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Ross Scalise Beeler and Pillischer Employment Lawyers |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Stephanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78750 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) NHSL |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/38 Rpt: 29/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Ruby <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Powers Law Group |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Eva <hr/> Contributor address; City; State; Zip Code Austin, TX 78758 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Case worker | | Employer (See Instructions) Integral Care |
| Date 09/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Procter, Andy <hr/> Contributor address; City; State; Zip Code Lyndora, PA 16045 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Self-employed | | Employer (See Instructions) Andy Procter |
| Date 11/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Dana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Bast Amron |
| Date 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) Ut Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/38 Rpt: 30/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiroga, Hector <hr/> 6 Contributor address; City; State; Zip Code Spokane Valley, WA 99212 | 7 Amount of Contribution (\$) \$1,500.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Self Employed |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabon, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) UT System |
| Date 11/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramage, Sharon <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) The Ramage Law Group |
| Date 11/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos James, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Ramos James Law, PLLC |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rappoport, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/38 Rpt: 31/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Kevin 6 Contributor address; City; State; Zip Code Austin, TX 78727 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 11/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renner, Shana Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Lmt | | Employer (See Instructions) Self |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resendez, Adrian Contributor address; City; State; Zip Code Austin, TX 78748 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Self | | Employer (See Instructions) Attorney |
| Date 10/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Andrew Contributor address; City; State; Zip Code Brookline, MA 02446 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Psychologist | | Employer (See Instructions) Boston Children's Hospital |
| Date 09/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robins, Jon Contributor address; City; State; Zip Code Coral Gables, FL 33158 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Entrepreneurs | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/38 Rpt: 32/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosario, Russell <hr/> 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) Self-Employed |
| Date 11/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Austin Region JFON |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Amber <hr/> Contributor address; City; State; Zip Code Austin, TX 78730 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) LOAR pllc |
| Date 10/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Casey <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Project Director | | Employer (See Instructions) Social and Enviromental Entrepreneurs |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Jonathan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Advokato |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/38 Rpt: 33/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sajdak, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Livingston, NJ 07039 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Carlos <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) TSL |
| Date 11/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Miguel, Virginia <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Elevance Health |
| Date 11/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Bethbiriah <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Sanchez Law |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders Latham, Nancy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/38 Rpt: 34/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santana, Elina <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33114 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Santana Residency Law |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sariol, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) OT | | Employer (See Instructions) TNC |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sariol, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo, Yohana <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulman, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Akin Gump Strauss Hauer and Feld |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/38 Rpt: 35/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Ana Maria <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019 | 7 Amount of Contribution (\$) \$180.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Schwartz Immigration Law, PLLC |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Sean <hr/> Contributor address; City; State; Zip Code Durham, NC 27701 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |
| Date 11/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) programmer | | Employer (See Instructions) ttstc |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solano, Zaira <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Solano Law Firm |
| Date 09/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soza, Iveth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Health Texas medical group |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/38 Rpt: 36/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78734 | 7 Amount of Contribution (\$) \$320.00 |
| 8 Principal occupation / Job title (See Instructions) Founder | | 9 Employer (See Instructions) Clear Direction |
| Date 11/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiggle, Thomas <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Spiggle Law |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Raven <hr/> Contributor address; City; State; Zip Code Austin, TX 78727 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Cisco | | Employer (See Instructions) Software Engineer |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Asra <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Botkin Chiarello Calaf PLLC |
| Date 09/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRUE, Nicole <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/38 Rpt: 37/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRUE, Nicole <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Self | | 9 Employer (See Instructions) Lawyer |
| Date 10/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ujjainwala, Yusuf <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78680 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) IT Provider | | Employer (See Instructions) Self employed |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Lesley <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Lesley Varghese |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Jorge <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Law Office of Jorge Vela |
| Date 11/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villano, Rena-Marie <hr/> Contributor address; City; State; Zip Code Boise, ID 83709 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) VO Services | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/38 Rpt: 38/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villano, Rena-Marie <hr/> 6 Contributor address; City; State; Zip Code Boise, ID 83709 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Self | | 9 Employer (See Instructions) VO Services |
| Date 09/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volluz, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78730 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Executive Director, Marketing | | Employer (See Instructions) AT&T |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waincott, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) simply home |
| Date 10/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, Tommy <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) RIATA Technologies |
| Date 10/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrep, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Graduate Student | | Employer (See Instructions) UT Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/38 Rpt: 39/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrep, Kerry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Graduate student | | 9 Employer (See Instructions) University of Texas |
| Date 09/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker Gates, Jennifer <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) JLW Immigration Law Group |
| Date 08/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Hillary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 09/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney, Jamie <hr/> Contributor address; City; State; Zip Code Austin, TX 78729 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) AHCV |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Broc <hr/> Contributor address; City; State; Zip Code Austin, TX 78752 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Broc Wilson | | Employer (See Instructions) Feat |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/38 Rpt: 40/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kristina <hr/> 6 Contributor address; City; State; Zip Code North Miami Beach, FL 33160 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) KEW Legal |
| Date 11/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimmer, Julie <hr/> Contributor address; City; State; Zip Code Austin, TX 78752 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Lecturer | | Employer (See Instructions) University of Texas School of Law |
| Date 10/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winburne, Victoria <hr/> Contributor address; City; State; Zip Code Austin, TX 78738 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Business coach | | Employer (See Instructions) Victoria Winburne |
| Date 10/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windscheffel, Dennis <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Akin Gump |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfgang, Amy <hr/> Contributor address; City; State; Zip Code austin, TX 78723 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Coach | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/38 Rpt: 41/61 |
| 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, Anne | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746 | |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Wynne Samp &Lavorato |

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.

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|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/20 Rpt: 42/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/26/2025 | 5 Payee name Campainalytics | |
| 6 Amount (\$) \$1,608.00 | 7 Payee address; City; State; Zip Code PO Box 452 Wellington, CO 80549 | |
| 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 fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Creative Printing of Austin | | |
| Amount (\$) \$259.40 | Payee address; City; State; Zip Code 15533 N Interstate 35 Pflugerville, TX 78660 | |
| 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 expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Delgado, Bertha | | |
| Amount (\$) \$3,200.00 | 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> Austin, TX 78702 | |
| 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 Field consultant |
| 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: 2/20 Rpt: 43/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/24/2025 | 5 Payee name Delgado, Bertha | |
| 6 Amount (\$) \$1,600.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702 | |
| 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 Field consulting expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2025 | Payee name Dulce, Mercedes | |
| Amount (\$) \$320.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cuidad de Villa de Alvarez Colima 28974 Mexico | |
| 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 Vendor expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/19/2025 | Payee name Dulce, Mercedes | |
| Amount (\$) \$320.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Villa de Alvarez Colima 28974 Mexico | |
| 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 Vendor payment |
| 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: 3/20 Rpt: 44/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/02/2025 | 5 Payee name Emerson, William | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78728 | |
| 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 Fundraising Consulting expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/06/2025 | Payee name Emerson, William | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78728 | |
| 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 Financial consulting expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/04/2025 | Payee name Emerson, William | |
| Amount (\$) \$560.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78728 | |
| 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 Fundraising consultant 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: 4/20 Rpt: 45/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/08/2025 | 5 Payee name Felix Pago | |
| 6 Amount (\$) \$320.00 | 7 Payee address; City; State; Zip Code 2261 Market St Suite 4469 San Francisco, CA 94114 | |
| 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 Vendor payment expense |
| 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 Fogonoro | |
| Amount (\$) \$173.95 | Payee address; City; State; Zip Code 800 W Pecan St Pflugerville, TX 78660 | |
| 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 Campaign event expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/31/2025 | Payee name Google | |
| Amount (\$) \$225.14 | Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94043 | |
| 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 fee |
| 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: 5/20 Rpt: 46/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 08/31/2025 | 5 Payee name Google | |
| 6 Amount (\$) \$35.40 | 7 Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94043 | |
| 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 fee |
| 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 Google | | |
| Amount (\$) \$174.48 | Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94043 | |
| 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 fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Handywritten | | |
| Amount (\$) \$38.64 | Payee address; City; State; Zip Code 9280 S Kyrene Rd Suite 134 Tempe, AZ 85284 | |
| 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 Notecard printing expense |
| 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: 6/20 Rpt: 47/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/17/2025 | 5 Payee name Meta Inc. | |
| 6 Amount (\$) \$5.00 | 7 Payee address; City; State; Zip Code 1 Meta 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 Facebook advertising expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/17/2025 | Candidate/Officeholder name | Office sought |
| Amount (\$) \$2.00 | Payee name Meta Inc. | |
| | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/17/2025 | Candidate/Officeholder name | Office sought |
| Amount (\$) \$3.00 | Payee name Meta Inc. | |
| | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/17/2025 | Candidate/Officeholder name | Office sought |
| Amount (\$) \$3.00 | Payee name Meta Inc. | |
| | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| 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: 7/20 Rpt: 48/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/17/2025 | 5 Payee name Meta Inc. | |
| 6 Amount (\$) \$4.00 | 7 Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| 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 Meta Inc. | |
| Amount (\$) \$176.00 | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/29/2025 | Payee name Meta Inc. | |
| Amount (\$) \$22.00 | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads 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: 8/20 Rpt: 49/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/30/2025 | 5 Payee name Meta Inc. | |
| 6 Amount (\$) \$81.00 | 7 Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| 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 Meta Inc. | |
| Amount (\$) \$75.00 | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/16/2025 | Payee name Meta Inc. | |
| Amount (\$) \$4.64 | Payee address; City; State; Zip Code 1 Meta 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 Facebooks ads 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: 9/20 Rpt: 50/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/28/2025 | 5 Payee name Meta Inc. | |
| 6 Amount (\$) \$5.00 | 7 Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| 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 Meta Inc. | |
| Amount (\$) \$71.66 | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/06/2025 | Payee name Meta Inc. | |
| Amount (\$) \$74.00 | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads 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: 10/20 Rpt: 51/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/05/2025 | 5 Payee name Meta Inc. | |
| 6 Amount (\$) \$69.00 | 7 Payee address; City; State; Zip Code 1 Meta 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 Facebooks ads expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$64.00 | Payee name Meta Inc. Payee address; City; State; Zip Code 1 Meta 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 Facebooks ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/05/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$69.00 | Payee name Meta Inc. Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| 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: 11/20 Rpt: 52/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/03/2025 | 5 Payee name Meta Inc. | |
| 6 Amount (\$) \$153.00 | 7 Payee address; City; State; Zip Code 1 Meta 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 Facebooks ads expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/03/2025 | Candidate/Officeholder name Meta Inc. | Office sought Office held |
| Amount (\$) \$102.00 | Payee address; City; State; Zip Code 1 Meta 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 Facebook ads expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/21/2025 | Candidate/Officeholder name Milman Research and Consulting | Office sought Office held |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 14716 Top Sergeant Lane Centreville, TX 20121 | |
| 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 Polling expense |
| 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: 12/20 Rpt: 53/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/29/2025 | 5 Payee name Moonlight Graphix | |
| 6 Amount (\$) \$726.36 | 7 Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610 | |
| 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 Signage expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/22/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Moonlight Graphix | | |
| Amount (\$) \$595.38 | Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610 | |
| 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 Signage expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Moonlight Graphix | | |
| Amount (\$) \$1,624.02 | Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610 | |
| 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 expense |
| 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: 13/20 Rpt: 54/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/04/2025 | 5 Payee name Moonlight Graphix | |
| 6 Amount (\$) \$3,044.53 | 7 Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/02/2025 | Candidate/Officeholder name NAACP Austin | |
| Amount (\$) \$200.00 | Office sought 1709 E 12th St Austin, TX 78702 | |
| 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 Event expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/01/2025 | Candidate/Officeholder name Numero | |
| Amount (\$) \$960.00 | Office sought 695 Town Center Drive Suite 1100 Costa Mesa, CA 92626 | |
| 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 fee |
| 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: 14/20 Rpt: 55/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/24/2025 | 5 Payee name Numero | |
| 6 Amount (\$) \$810.00 | 7 Payee address; City; State; Zip Code 695 Town Center Drive Suite 1100 Costa Mesa, CA 92626 | |
| 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 fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/01/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$312.00 | Payee name Numero Payee address; City; State; Zip Code 695 Town Center Drive Suite 1100 Costa Mesa, CA 92626 | |
| 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 fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$960.00 | Payee name Numero Payee address; City; State; Zip Code 695 Town Center Drive Suite 1100 Costa Mesa, CA 92626 | |
| 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 fee |
| 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: 15/20 Rpt: 56/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/01/2025 | 5 Payee name PNC Bank | |
| 6 Amount (\$) \$95.00 | 7 Payee address; City; State; Zip Code PO Box 609 Pittsburgh, PA 15230 | |
| 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 Banking service charge |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/21/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name PNC Bank | | |
| Amount (\$) \$1.50 | Payee address; City; State; Zip Code PO Box 609 Pittsburgh, PA 15230 | |
| 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 Banking check fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/11/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Powers Interactive | | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| 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: 16/20 Rpt: 57/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 09/22/2025 | 5 Payee name Powers Interactive | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/10/2025 | Candidate/Officeholder name Powers Interactive | |
| Amount (\$) \$7,000.00 | Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/23/2025 | Candidate/Officeholder name Powers Interactive | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| 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: 17/20 Rpt: 58/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 10/09/2025 | 5 Payee name Powers Interactive | |
| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/28/2025 | Candidate/Officeholder name Powers Interactive | |
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/07/2025 | Candidate/Officeholder name Powers Interactive | |
| Amount (\$) \$6,000.00 | Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958 | |
| 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 fee |
| 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: 18/20 Rpt: 59/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/15/2025 | 5 Payee name Talarian Inc. | |
| 6 Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code Avenue Van Volxem 302-304 B-1190 Brussels Belgium | |
| 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 fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/15/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Campaigns LLC | | |
| Amount (\$) \$6,000.00 | Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258 | |
| 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 Consultant fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Campaigns LLC | | |
| Amount (\$) \$6,000.00 | Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258 | |
| 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 Consultant expense |
| 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: 19/20 Rpt: 60/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 11/13/2025 | 5 Payee name Texas Campaigns LLC | |
| 6 Amount (\$) \$6,000.00 | 7 Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258 | |
| 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 Consultant expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/21/2025 | Payee name Texas Legislative Council | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1501 Congress Ave Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Election maps expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election maps expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/18/2025 | Payee name Travis County Democratic Party | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 1311 E 6th St Suite B Austin, TX 78702 | |
| 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 Ballot filing fee |
| 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: 20/20 Rpt: 61/61 | 2 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089876 |
| 4 Date 12/15/2025 | 5 Payee name Visa | |
| 6 Amount (\$) \$1.80 | 7 Payee address; City; State; Zip Code PO Box 8999 San Francisco, CA 94128 | |
| 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 International banking fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |