

**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 Ms.	FIRST Kate	MI	OFFICE USE ONLY		
	NICKNAME	LAST Lincoln-Goldfinch	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2202 Colgate Lane			Date Hand-delivered or Date Postmarked		
	Austin, TX 78723			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joe	MI			
	NICKNAME	LAST Pachuca	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5524 Bee Caves Road #13 Austin, TX 78746		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 817-3245					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<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
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 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	7 Amount of Contribution (\$) \$250.00	
	6 Contributor address; City; State; Zip Code Austin, TX 78749		
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	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code Austin, TX 78738		
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	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code Austin, TX 78704		
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	Amount of Contribution (\$) \$500.00	
	Contributor address; City; State; Zip Code Lakeway, TX 78734		
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	Amount of Contribution (\$) \$50.00	
	Contributor address; City; State; Zip Code Lakeway, TX 78734		
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 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 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 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 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 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

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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sandia Park, NM 87047	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Major gifts director		Employer (See Instructions) CIS-Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Spicewood, TX 78669	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Botkin Chiarello Calaf, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
Principal occupation / Job title (See Instructions) Entertainer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Newton, MA 02459	
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	Amount of Contribution (\$) \$3,150.00
	Contributor address; City; State; Zip Code Wilmington, NC 28411	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Beckstead Terry Ditto

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Mesquite, TX 75149	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mesquite, TX 75149	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Mesquite, TX 75149	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Orleans, LA 70119	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Carlsbad, CA 92008	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Carlsbad, CA 92008	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Carlsbad, CA 92008	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
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	Amount of Contribution (\$) \$4,000.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Placitas, NM 87043	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Tucson, AZ 85733	
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	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code San Antonio, TX 78255	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78750	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) CM Law PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Austin, TX 78751	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Medford, MA 02155	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Orleans, LA 70115	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Texas Immigration Law Council		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Austin, TX 78749	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Davie, FL 32228	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Greensboro, NC 27407	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Chevy Chase, MD 20815	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Egnyte

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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 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 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 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 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 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

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 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 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 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 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 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

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 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 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 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 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 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

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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code BROOMFIELD, CO 80020	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Broomfield, CO 80020	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
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	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Boerne, TX 78006	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lisle, IL 60532	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Social worker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 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 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 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 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 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

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 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 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 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 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 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

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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Palo Alto, CA 94306	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) BAL		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corrales, NM 87048	
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	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Pasco County, FL 34639	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 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 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 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 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 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

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	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Lyndora, PA 16045	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Professor		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: 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	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Spokane Valley, WA 99212	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McKinney, TX 75072	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78730	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90026	
Principal occupation / Job title (See Instructions) Project Director		Employer (See Instructions) Social and Environmental Entrepreneurs
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Jonathan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Advokato

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 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 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 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 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 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

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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Coral Gables, FL 33114	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78702	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Akin Gump Strauss Hauer and Feld

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	7 Amount of Contribution (\$) \$180.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Durham, NC 27701	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Scottsdale, AZ 85259	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78255	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Health Texas medical group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 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 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 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 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 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

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 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 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 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 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 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

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 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 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#: _____) Wainscott, Ashley 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 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 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 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 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 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 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 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

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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code North Miami Beach, FL 33160	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78738	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code austin, TX 78723	
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$500.00
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Creative Printing of Austin	
Amount (\$) \$259.40	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Delgado, Bertha	
Amount (\$) \$3,200.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/20 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/20 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/20 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/20 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Meta Inc.	
Amount (\$) \$2.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Meta Inc.	
Amount (\$) \$3.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/20 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/20 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/20 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Meta Inc.	
Amount (\$) \$64.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Meta Inc.	
Amount (\$) \$69.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Meta Inc.	
Amount (\$) \$102.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Milman Research and Consulting	
Amount (\$) \$3,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 09/22/2025	Payee name Moonlight Graphix		
Amount (\$) \$595.38	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/17/2025	Payee name Moonlight Graphix		
Amount (\$) \$1,624.02	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name NAACP Austin	
Amount (\$) \$200.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Numero	
Amount (\$) \$960.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Numero	Office sought Office held
Date 10/01/2025	Payee name Numero	
Amount (\$) \$312.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Numero	Office sought Office held
Date 11/03/2025	Payee name Numero	
Amount (\$) \$960.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Numero	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name PNC Bank	
Amount (\$) \$1.50	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Powers Interactive	
Amount (\$) \$2,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Powers Interactive	
Amount (\$) \$7,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Powers Interactive	
Amount (\$) \$5,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Powers Interactive	
Amount (\$) \$4,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Powers Interactive	
Amount (\$) \$6,000.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/20 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/20 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; 18414 Rogers Bend San Antonio, TX 78258	State; Zip Code
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 ONLY 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; 1501 Congress Ave Austin, TX 78701	State; Zip Code
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 ONLY 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; 1311 E 6th St Suite B Austin, TX 78702	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/20 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held