

**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) 00082081 | 2 Total pages filed: 33 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Elizabeth A. | MI | OFFICE USE ONLY | | |
| | NICKNAME Eliz | LAST Markowitz | 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; 24111 Haywards Crossing Ln. | | | Date Hand-delivered or Date Postmarked | | |
| | Katy, TX 77494 | | | Receipt # | | |
| | | | | Amount | | |
| | | | | Date Processed | | |
| | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Thelma | MI | | | |
| | NICKNAME | LAST Fundora | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 1106 Falling Water Ln | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | Katy, TX 77494 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (832) 768-7234 | PHONE NUMBER | EXTENSION | | | |
| 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 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) None District 26 Fort Bend | | | 12 OFFICE SOUGHT (if known) State Representative District 26 | | |

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

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

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Markowitz, Elizabeth A. (Ms.) | | 14 Filer ID (Ethics Commission Filers) 00082081 |
| 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) | | \$ 5,035.69 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 11,493.04 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 9,479.77 |
| 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. Elizabeth A. Markowitz

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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| | | |
|---|--------------------|----------------------------|
| 18 FILER NAME | 19 Filer ID | (Ethics Commission Filers) |
| Markowitz, Elizabeth A. (Ms.) | 00082081 | |
| 20 SCHEDULE SUBTOTALS | NAME OF SCHEDULE | |
| | SUBTOTAL AMOUNT | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 5,035.69 |
| 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 | \$ | 10,104.82 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 1,388.22 |
| 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: 1/13 Rpt: 4/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 10/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alpert, Matthew | 7 Amount of Contribution (\$) \$24.48 |
| | 6 Contributor address; City; State; Zip Code Brooklyn, NY 11216 | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) MAlbert Media |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambramsky, Bengisu | Amount of Contribution (\$) \$48.02 |
| | Contributor address; City; State; Zip Code League City, TX 77453 | |
| Principal occupation / Job title (See Instructions) Sustainability operations leader | | Employer (See Instructions) Baker Hughes |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne, Russey | Amount of Contribution (\$) \$94.85 |
| | Contributor address; City; State; Zip Code Katy, TX 77494 | |
| Principal occupation / Job title (See Instructions) Counselor | | Employer (See Instructions) Anne Russey Counseling |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrios, Anne Marie | Amount of Contribution (\$) \$24.97 |
| | Contributor address; City; State; Zip Code Fulshear, TX 77441 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Douglas | Amount of Contribution (\$) \$475.25 |
| | Contributor address; City; State; Zip Code Sugar Land, TX 77479 | |
| Principal occupation / Job title (See Instructions) Contractor | | Employer (See Instructions) ACA LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beigelman, Paul | 7 Amount of Contribution (\$) \$48.02 |
| | 6 Contributor address; City; State; Zip Code Encino, CA 91316 | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joseph | Amount of Contribution (\$) \$2.88 |
| | Contributor address; City; State; Zip Code Tampa, FL 33629 | |
| 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#: _____) Boyer, Brooke | Amount of Contribution (\$) \$48.02 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78247 | |
| Principal occupation / Job title (See Instructions) Communications | | Employer (See Instructions) USAA |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Jennifer | Amount of Contribution (\$) \$24.97 |
| | Contributor address; City; State; Zip Code Houston, TX 77008 | |
| Principal occupation / Job title (See Instructions) Social Worker | | Employer (See Instructions) Non-Profit |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Tonya | Amount of Contribution (\$) \$47.30 |
| | Contributor address; City; State; Zip Code Katy, TX 77450 | |
| Principal occupation / Job title (See Instructions) LPC | | Employer (See Instructions) UTMB-CMC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannefax, David | 7 Amount of Contribution (\$) \$96.05 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77092 | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowdhury, Sumita | Amount of Contribution (\$) \$51.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75244 | |
| Principal occupation / Job title (See Instructions) Atty | | Employer (See Instructions) Self |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clabough , Donald | Amount of Contribution (\$) \$24.53 |
| | Contributor address; City; State; Zip Code Meadows Place, TX 77477 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Ginyard | Amount of Contribution (\$) \$47.30 |
| | Contributor address; City; State; Zip Code Sugar Land, TX 77498 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Courtney | Amount of Contribution (\$) \$48.02 |
| | Contributor address; City; State; Zip Code Katy, TX 77494 | |
| Principal occupation / Job title (See Instructions) School Psychologist | | Employer (See Instructions) Katy ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 10/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Donna | 7 Amount of Contribution (\$) \$142.40 |
| | 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Benjamin | Amount of Contribution (\$) \$18.77 |
| | Contributor address; City; State; Zip Code Stafford, TX 77477 | |
| Principal occupation / Job title (See Instructions) IT Analyst | | Employer (See Instructions) Cash App |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Ida | Amount of Contribution (\$) \$95.05 |
| | Contributor address; City; State; Zip Code Katy, TX 77494 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 12/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhart, Sandra | Amount of Contribution (\$) \$4.80 |
| | Contributor address; City; State; Zip Code Townsend, DE 19734 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good, Heidi | Amount of Contribution (\$) \$237.50 |
| | Contributor address; City; State; Zip Code Sugar Land, TX 77479-1507 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good, Heidi 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-1507 | 7 Amount of Contribution (\$) \$240.12 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good, Heidi Contributor address; City; State; Zip Code Sugar Land, TX 77479-1507 | Amount of Contribution (\$) \$249.73 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene-Scott, Marquette Contributor address; City; State; Zip Code Iowa Colony, TX 77583 | Amount of Contribution (\$) \$23.53 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$94.85 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Smzj holdings llc |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Frankie Contributor address; City; State; Zip Code Escambia County, FL 32533 | Amount of Contribution (\$) \$9.60 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Frankie | 7 Amount of Contribution (\$) \$9.60 |
| | 6 Contributor address; City; State; Zip Code Escambia County, FL 32533 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Frankie | Amount of Contribution (\$) \$24.97 |
| | Contributor address; City; State; Zip Code Escambia County, FL 32533 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy | Amount of Contribution (\$) \$18.77 |
| | Contributor address; City; State; Zip Code Richmond, TX 77469 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy | Amount of Contribution (\$) \$18.77 |
| | Contributor address; City; State; Zip Code Richmond, TX 77469 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy | Amount of Contribution (\$) \$18.77 |
| | Contributor address; City; State; Zip Code Richmond, TX 77469 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 10/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy 6 Contributor address; City; State; Zip Code Richmond, TX 77469 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imam, Qaisar Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$94.35 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Q Consulting Partners |
| Date 11/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janda, Ken Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$96.05 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Houston |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janda, Ken Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$96.05 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Houston |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, April Contributor address; City; State; Zip Code Houston, TX 77083 | Amount of Contribution (\$) \$94.85 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) AL Jones Contracting Consulting Services, LLC. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 10/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie 6 Contributor address; City; State; Zip Code Missouri City, TX 77489 | 7 Amount of Contribution (\$) \$47.30 | |
| 8 Principal occupation / Job title (See Instructions) Political Liason | | 9 Employer (See Instructions) Senator Borris Miles | |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, JaPaula Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$47.30 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self | |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Aimee Contributor address; City; State; Zip Code Walton, KY 41094 | Amount of Contribution (\$) \$249.73 | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self | |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kasey Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$23.53 | |
| Principal occupation / Job title (See Instructions) Freight Broker | | Employer (See Instructions) Self | |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$94.85 | |
| Principal occupation / Job title (See Instructions) Asian Texans for Justice | | Employer (See Instructions) Co-executive Director | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matis, Ellen 6 Contributor address; City; State; Zip Code WPB, FL 33441 | 7 Amount of Contribution (\$) \$0.96 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Virginia Contributor address; City; State; Zip Code Richmond, TX 77469 | Amount of Contribution (\$) \$96.05 |
| 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#: _____) McGuire , Kay Contributor address; City; State; Zip Code Humble, TX 77338 | Amount of Contribution (\$) \$24.97 |
| Principal occupation / Job title (See Instructions) Veterinarian | | Employer (See Instructions) Self |
| Date 10/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle , Palmer Contributor address; City; State; Zip Code Houston, TX 77063 | Amount of Contribution (\$) \$23.53 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Aldine ISD |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Coretta Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$48.02 |
| Principal occupation / Job title (See Instructions) Administrative Coordinator | | Employer (See Instructions) Fort Bend County |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Ana | 7 Amount of Contribution (\$) \$24.97 |
| | 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 | |
| 8 Principal occupation / Job title (See Instructions) Paraprofessional | | 9 Employer (See Instructions) FBISD |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moltisanti, Sara | Amount of Contribution (\$) \$48.02 |
| | Contributor address; City; State; Zip Code Boonton, NJ 70005 | |
| Principal occupation / Job title (See Instructions) Manager of Merchandise Operations | | Employer (See Instructions) The Vitamin Shoppe |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Daniel | Amount of Contribution (\$) \$9.60 |
| | Contributor address; City; State; Zip Code Austin, TX 78745 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Dan | Amount of Contribution (\$) \$48.02 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Richard | Amount of Contribution (\$) \$24.97 |
| | Contributor address; City; State; Zip Code Bulverde, TX 78163 | |
| 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: 11/13 Rpt: 14/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schonberger, Arne | 7 Amount of Contribution (\$) \$6.72 |
| | 6 Contributor address; City; State; Zip Code Georgetown, TX 78633-5356 | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Derick | Amount of Contribution (\$) \$94.85 |
| | Contributor address; City; State; Zip Code Katy, TX 77450 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Harris County Public Defender's Office |
| Date 12/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Derick | Amount of Contribution (\$) \$480.25 |
| | Contributor address; City; State; Zip Code Katy, TX 77450 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Harris County Public Defender's Office |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy, Skala | Amount of Contribution (\$) \$94.85 |
| | Contributor address; City; State; Zip Code Katy, TX 77494 | |
| Principal occupation / Job title (See Instructions) Dell | | Employer (See Instructions) Proposal Manager |
| Date 12/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Caitlin | Amount of Contribution (\$) \$24.97 |
| | Contributor address; City; State; Zip Code Lexington, MA 22421 | |
| Principal occupation / Job title (See Instructions) Stay at Home Parent | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 10/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Cicely | 7 Amount of Contribution (\$) \$237.50 |
| | 6 Contributor address; City; State; Zip Code Katy, TX 77494 | |
| 8 Principal occupation / Job title (See Instructions) Education Administrator | | 9 Employer (See Instructions) Acelero Inc |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Gay | Amount of Contribution (\$) \$47.30 |
| | Contributor address; City; State; Zip Code Richmond, TX 77469 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Keith | Amount of Contribution (\$) \$18.77 |
| | Contributor address; City; State; Zip Code Richmond, TX 77469 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thelma, Fundora | Amount of Contribution (\$) \$94.85 |
| | Contributor address; City; State; Zip Code Katy, TX 77494 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) HCC |
| Date 12/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Felicia | Amount of Contribution (\$) \$48.02 |
| | Contributor address; City; State; Zip Code Missouri City, TX 77459 | |
| 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: 13/13 Rpt: 16/33 |
| 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urban, Cynthia | 7 Amount of Contribution (\$) \$9.60 |
| | 6 Contributor address; City; State; Zip Code Village Mills, TX 77663 | |
| 8 Principal occupation / Job title (See Instructions) Clerk | | 9 Employer (See Instructions) HEB |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallat, Rita | Amount of Contribution (\$) \$249.73 |
| | Contributor address; City; State; Zip Code Houston, TX 77007-7145 | |
| 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#: _____) Wallace, Toni | Amount of Contribution (\$) \$47.30 |
| | Contributor address; City; State; Zip Code Richmond, TX 77406 | |
| Principal occupation / Job title (See Instructions) Legal | | Employer (See Instructions) Fort Bend County |
| Date 12/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelly | Amount of Contribution (\$) \$24.97 |
| | Contributor address; City; State; Zip Code Katy, TX 77494 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

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: 1/15 Rpt: 17/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/10/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$4.23 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/14/2025 | Payee name Act Blue | |
| Amount (\$) \$6.96 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/14/2025 | Payee name Act Blue | |
| Amount (\$) \$15.94 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 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: 2/15 Rpt: 18/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/16/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$1.43 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/24/2025 | Payee name Act Blue | |
| Amount (\$) \$0.40 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/25/2025 | Payee name Act Blue | |
| Amount (\$) \$1.98 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 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: 3/15 Rpt: 19/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/01/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$2.06 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/02/2025 | Payee name Act Blue | |
| Amount (\$) \$5.93 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/03/2025 | Payee name Act Blue | |
| Amount (\$) \$1.03 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 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: 4/15 Rpt: 20/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/03/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$4.15 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/06/2025 | Payee name Act Blue | |
| Amount (\$) \$1.03 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/08/2025 | Payee name Act Blue | |
| Amount (\$) \$0.40 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 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: 5/15 Rpt: 21/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/17/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$10.27 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/20/2025 | Payee name Act Blue | |
| Amount (\$) \$10.31 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/21/2025 | Payee name Act Blue | |
| Amount (\$) \$3.02 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 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: 6/15 Rpt: 22/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/22/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/23/2025 | Payee name Act Blue | |
| Amount (\$) \$1.98 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/29/2025 | Payee name Act Blue | |
| Amount (\$) \$19.75 | Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 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: 7/15 Rpt: 23/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/31/2025 | 5 Payee name Act Blue | |
| 6 Amount (\$) \$11.70 | 7 Payee address; City; PO Box 441146 Somerville, MA 02144 | |
| 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 Fundraising Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/09/2025 | Payee name Blankstyle | |
| Amount (\$) \$579.53 | Payee address; City; 2569 McCabe Way Ste 210 Irvine, CA 92614 | |
| 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 Blank shirts |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/03/2025 | Payee name Family Life and Community Resource Center | |
| Amount (\$) \$200.00 | Payee address; City; 821 E Hwy 90 Alt, Richmond, TX 77406 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to Event |
| 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: 8/15 Rpt: 24/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/26/2025 | 5 Payee name Fort Bend Democratic Party | |
| 6 Amount (\$) \$750.00 | 7 Payee address; City; State; Zip Code 13515 South West Freeway Suite 204 Sugar Land, TX 77478 | |
| 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 Filing Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/23/2025 | Payee name Fort Bend Democratic Party | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 13515 South West Freeway Suite 204 Sugar Land, TX 77478 | |
| 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 FBCDP BBM Chase Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/16/2025 | Payee name Harland Clarke Inc. | |
| Amount (\$) \$250.22 | Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256 | |
| 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 Checks |
| 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: 9/15 Rpt: 25/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 09/25/2025 | 5 Payee name M3 Graphics | |
| 6 Amount (\$) \$900.00 | 7 Payee address; City; State; Zip Code 11730 Wilcrest Dr Houston, TX 77099 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts and Signs |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Payee name M3 Graphics | Office sought Office held |
| Date 10/08/2025 | Payee address; City; State; Zip Code 11730 Wilcrest Dr Houston, TX 77099 | |
| Amount (\$) \$500.00 | | |
| 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 Pushcards |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Payee name NGP VAN Inc | Office sought Office held |
| Date 11/04/2025 | Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005 | |
| Amount (\$) \$1,250.00 | | |
| 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 NGPVAN Email/Outreach Tool |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Payee name NGP VAN Inc | 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: 10/15 Rpt: 26/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 12/02/2025 | 5 Payee name NGP VAN Inc | |
| 6 Amount (\$) \$1,250.00 | 7 Payee address; City; State; Zip Code 1445 New York Ave NW Suite 200 Washington, DC 20005 | |
| 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 NGPVAN Email/Outreach Tool |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/02/2025 | Payee name Raise The Money, Inc | |
| Amount (\$) \$5.15 | Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221 | |
| 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 Fundraising Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/04/2025 | Payee name Raise The Money, Inc | |
| Amount (\$) \$1.47 | Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221 | |
| 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 Fundraising Processing Fees |
| 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: 11/15 Rpt: 27/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 | |
| 4 Date 10/05/2025 | 5 Payee name Raise The Money, Inc | | |
| 6 Amount (\$) \$64.99 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | State; Zip Code | |
| 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 Fundraising Processing Fees | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/06/2025 | Payee name Raise The Money, Inc | | |
| Amount (\$) \$1.23 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | 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 Fundraising Processing Fees | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/08/2025 | Payee name Raise The Money, Inc | | |
| Amount (\$) \$5.15 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | 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 Fundraising Processing Fees | |
| 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: 12/15 Rpt: 28/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 | |
| 4 Date 10/09/2025 | 5 Payee name Raise The Money, Inc | | |
| 6 Amount (\$) \$5.15 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | State; Zip Code | |
| 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 Fundraising Processing Fees | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/15/2025 | Payee name Raise The Money, Inc | | |
| Amount (\$) \$1.52 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | 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 Fundraising Processing Fees | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/28/2025 | Payee name Raise The Money, Inc | | |
| Amount (\$) \$12.50 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | 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 Fundraising Processing Fees | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|--|-------------|
| 1 Total pages Schedule F1: Sch: 13/15 Rpt: 29/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 | |
| 4 Date 10/29/2025 | 5 Payee name Raise The Money, Inc | | |
| 6 Amount (\$) \$1.23 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | State; Zip Code | |
| 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 Fundraising Processing Fees | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/31/2025 | Payee name Raise The Money, Inc | | |
| Amount (\$) \$2.70 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | 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 Fundraising Processing Fees | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/06/2025 | Payee name Raise The Money, Inc | | |
| Amount (\$) \$1.23 | Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | 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 Fundraising Processing Fees | |
| 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: 14/15 Rpt: 30/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 | |
| 4 Date 12/06/2025 | 5 Payee name Raise The Money, Inc | | |
| 6 Amount (\$) \$1.23 | 7 Payee address; City; P.O. Box 26466 Little Rock, AR 72221 | State; Zip Code | |
| 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 Fundraising Processing Fees | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/15/2025 | Payee name See You At The Polls | | |
| Amount (\$) \$500.00 | Payee address; City; 3311 Raleigh Row Missouri City, TX 77459 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consultant | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/15/2025 | Payee name See You At The Polls | | |
| Amount (\$) \$500.00 | Payee address; City; 3311 Raleigh Row Missouri City, TX 77459 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign 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: 15/15 Rpt: 31/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 |
| 4 Date 11/15/2025 | 5 Payee name See You At The Polls | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 3311 Raleigh Row Missouri City, TX 77459 | 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 Campaign Consultant |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/15/2025 | Payee name See You At The Polls | |
| Amount (\$) \$500.00 | Payee address; City; 3311 Raleigh Row Missouri City, TX 77459 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consultant |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/27/2025 | Payee name Texas Democratic Party | |
| Amount (\$) \$715.00 | Payee address; City; PO Box 15707 Austin, TX 78761 | 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 Voter Action Network Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 32/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 | |
| 4 Date 10/17/2025 | 5 Payee name 6410 Eastland Rd E | | |
| 6 Amount (\$) \$126.48 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Ste E Brook Park, OH 44142 | | |
| 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 Retractable Banner | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/25/2025 | Payee name Amazon | | |
| Amount (\$) \$252.48 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2021 7th Avenue Seattle, WA 98121 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event decor; i.e., helium, balloons, table, tablecloths, etc. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/13/2025 | Payee name Dr. Don's Print Lab | | |
| Amount (\$) \$248.99 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3906 W. Morrow Dr, Glendale, AZ 85308 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Union Buttons | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 33/33 | 2 FILER NAME Markowitz, Elizabeth A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00082081 | |
| 4 Date 10/05/2025 | 5 Payee name Las Mananitas | | |
| 6 Amount (\$) \$425.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 9825 S. Mason Rd. Suite 240 Richmond, TX 77406 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kickoff Food/Beverage Expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/15/2025 | Payee name Temu Inc | | |
| Amount (\$) \$312.16 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 31 St. James Avenue Boston, MA 02116 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bags, Hats, and Shirts | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/19/2025 | Payee name Wix.com | | |
| Amount (\$) \$23.11 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |