

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089775	2 Total pages filed: 52								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Kathy S.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Kathy S.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026					
	MS / MRS / MR Mrs.	FIRST Kathy S.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Mills</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Mills	SUFFIX							
NICKNAME	LAST Mills	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 720 Corpus Christi, TX 78403		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Kimberly A.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Kimberly A.	MI						
	MS / MRS / MR Mrs.	FIRST Kimberly A.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Turman</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Turman	SUFFIX							
NICKNAME	LAST Turman	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4209 Ambrosia Lane Plano, TX 75075										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (937) 750-2803										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 30%;">Month Day Year</td> <td style="width: 40%;">THROUGH</td> <td style="width: 30%;">Month Day Year</td> </tr> <tr> <td>07/01/2025</td> <td></td> <td>12/31/2025</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	07/01/2025		12/31/2025		
Month Day Year	THROUGH	Month Day Year									
07/01/2025		12/31/2025									
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special			
	<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) District Judge District 94th								

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Mills, Kathy S. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00089775
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,147.26
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 11,966.62
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,180.64
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.

Mrs. Kathy S. Mills

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 oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
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18 FILER NAME Mills, Kathy S. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00089775
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 12,147.26
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,966.62
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 A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Bryan <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$104.10
8 Contributor's Principal Occupation general counsel		9 Contributor's Job Title general counsel
10 Contributor's employer/law firm Bryan Abraham		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aissa Garza PLLC <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, P. Gail <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Owner		Contributor's Job Title owner
Contributor's employer/law firm AG/CM Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/15 Rpt: 5/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergsma, Michael <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation geophysicist		9 Contributor's Job Title owner
10 Contributor's employer/law firm Bergsma Consulting		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britt, Kristi <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$52.05
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Lindsay <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$260.25
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buselli, La Becca <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904	7 Amount of Contribution (\$) \$52.05
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Smith, Rose, Finely		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Ryan <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53202	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm ACLU of Wisconsin		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Becky <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$40.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/15 Rpt: 7/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana, Persels <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Sheridon <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$52.05
Contributor's Principal Occupation QC manager		Contributor's Job Title QC manager
Contributor's employer/law firm Sheridon Dyer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Eric <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$52.05
Contributor's Principal Occupation lawyer		Contributor's Job Title lawyer
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fratila, Christina <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	7 Amount of Contribution (\$) \$520.51
8 Contributor's Principal Occupation interior design		9 Contributor's Job Title interior designer
10 Contributor's employer/law firm CF Designs		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Christopher <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$520.51
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Gale Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Bruce <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation operations		Contributor's Job Title operations director
Contributor's employer/law firm Adex Corp.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Lori <hr/> 6 Contributor address; City; State; Zip Code Birmingham , AL 78401	7 Amount of Contribution (\$) \$52.05
8 Contributor's Principal Occupation photography		9 Contributor's Job Title freelance photographer
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenlee, Will <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Nueces County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin Purnell <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53228	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagans, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$520.51
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Hagans		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Faith <hr/> Contributor address; City; State; Zip Code Gardendale, AL 35071-2264	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation realtor		Contributor's Job Title realtor
Contributor's employer/law firm REMax		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Linda <hr/> Contributor address; City; State; Zip Code Mt. Olive, AL 35117	Amount of Contribution (\$) \$260.25
Contributor's Principal Occupation H/R Safety		Contributor's Job Title H/R Safety
Contributor's employer/law firm Gamble Parts Dart		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 07/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Linda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Mt. Olive, AL 35117	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation staff		9 Contributor's Job Title H/R safety
10 Contributor's employer/law firm Gamble Parts Dart		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Kayla <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation office manager		Contributor's Job Title office manager
Contributor's employer/law firm minmax technologies		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huseman Law Firm PLLC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) <div style="text-align: right;">\$52.05</div>
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm State of Texas		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma, Sanjinas <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Clancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) <div style="text-align: right;">\$250.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Branscomb Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kundert, Joshua <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79118	7 Amount of Contribution (\$) \$104.10
8 Contributor's Principal Occupation lawyer		9 Contributor's Job Title lawyer
10 Contributor's employer/law firm Sprouse Shrader Smith LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, John <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation land		Contributor's Job Title land management
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Debra <hr/> Contributor address; City; State; Zip Code St. George, UT 84790	Amount of Contribution (\$) \$104.10
Contributor's Principal Occupation MD		Contributor's Job Title MD
Contributor's employer/law firm Southwest Emergency		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Audrey Mullert Vicknair <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Black <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Candi <hr/> Contributor address; City; State; Zip Code Gardendale, AL 35117	Amount of Contribution (\$) \$260.25
Contributor's Principal Occupation real estate lending		Contributor's Job Title real estate lending
Contributor's employer/law firm PNC Bank		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Tom <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation managing attorney		9 Contributor's Job Title managing attorney
10 Contributor's employer/law firm Nye Law Office		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oar, Rick <hr/> Contributor address; City; State; Zip Code Green Cove Springs, FL 32043	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oar, Rick <hr/> Contributor address; City; State; Zip Code Green Cove Springs, FL 32043	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oar, Trisha <hr/> 6 Contributor address; City; State; Zip Code Sarasota, FL 34239	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation insurance		9 Contributor's Job Title underwriter
10 Contributor's employer/law firm Ameritrust		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Natalie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$52.05
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Natalie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$26.03
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaife, Charles <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90808-1817	7 Amount of Contribution (\$) <div style="text-align: right;">\$200.00</div>
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Debra <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) <div style="text-align: right;">\$260.25</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Debra Rodriguez, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selz, Shirley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) <div style="text-align: right;">\$200.00</div>
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/52
2 FILER NAME Mills, Kathy S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089775
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowronski, Richard	7 Amount of Contribution (\$) \$52.05
	6 Contributor address; City; State; Zip Code Parker, CO 80134	
8 Contributor's Principal Occupation sales		9 Contributor's Job Title VP Sales
10 Contributor's employer/law firm Rich Skowronski		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/34 Rpt: 19/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 10/29/2025	5 Payee name Amazon	
6 Amount (\$) \$97.40	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies (toner, printer)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name American Bank	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 800 N. Shoreline Blvd. Suite 100 Corpus Christi, TX 78401	
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 fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name American Bank	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 800 N. Shoreline Blvd. Suite 100 Corpus Christi, TX 78401	
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 check fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/34 Rpt: 20/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 09/30/2025	5 Payee name American Bank	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 800 N. Shoreline Blvd. Suite 100 Corpus Christi, TX 78401	
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 bank fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name American Bank	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 800 N. Shoreline Blvd. Suite 100 Corpus Christi, TX 78401	
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 bank fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Bien Merite	
Amount (\$) \$54.05	Payee address; City; State; Zip Code 1336 S Staples St Corpus Christi, TX 78404	
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 networking strategy
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/34 Rpt: 21/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 09/24/2025	5 Payee name Bird's Rubber Stamps	
6 Amount (\$) \$31.39	7 Payee address; City; State; Zip Code 5230 Kostoryz Rd #11 Corpus Christi, TX 78415	
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 name tags
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Bird's Rubber Stamps		
Amount (\$) \$243.56	Payee address; City; State; Zip Code 5230 Kostoryz Rd #11 Corpus Christi, TX 78415	
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 marketing materials (name tags)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name CCPOA		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3122 Leopard Corpus Christi, TX 78408	
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 admission to reverse raffle
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/34 Rpt: 22/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/15/2025	5 Payee name CCs Donuts	
6 Amount (\$) \$15.69	7 Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCFD marketing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name CCs Donuts	
Amount (\$) \$14.09	Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCFD marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name CCs Donuts	
Amount (\$) \$31.94	Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCFD marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/34 Rpt: 23/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/24/2025	5 Payee name CCs Donuts	
6 Amount (\$) \$29.96	7 Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCFD marketing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2025	Payee name CCs Donuts	
Amount (\$) \$31.94	Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCPD/CCFD marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2025	Payee name CCs Donuts	
Amount (\$) \$29.96	Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCFD promotional
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/34 Rpt: 24/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/16/2025	5 Payee name CCs Donuts	
6 Amount (\$) \$31.94	7 Payee address; City; State; Zip Code 4006 Weber Corpus Christi, TX 78411	
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 CCFD marketing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Canva	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St Building 1, STE 1300 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design app
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2025	Payee name Canva	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St Building 1, STE 1300 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic art program
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/34 Rpt: 25/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 10/06/2025	5 Payee name Canva	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez St Building 1, STE 1300 Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design app
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Canva		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St Building 1, STE 1300 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design app
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Canva		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St Building 1, STE 1300 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design app
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/34 Rpt: 26/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/09/2025	5 Payee name Citizens Police Academy Alumni	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 321 John Sartain Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Coastal Bend Republican Coalition	
Amount (\$) \$108.25	Payee address; City; State; Zip Code 14641 S Padre Island Dr Ste 230 Corpus Christi, TX 78418	
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 AG debate; networking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Commercial Screen Printing	
Amount (\$) \$827.69	Payee address; City; State; Zip Code 4001 Ayers St STE A Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/34 Rpt: 27/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/15/2025	5 Payee name Commercial Screen Printing	
6 Amount (\$) \$210.84	7 Payee address; City; State; Zip Code 4001 Ayers St STE A Corpus Christi, TX 78415	
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 marketing materials (shirts)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Corpus Christi Bar Association	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 2379 Corpus Christi, TX 78403-2379	
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 networking event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name Duright Consulting	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2825 Carver Corpus Christi, TX 78405	
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 limited engagement for services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/34 Rpt: 28/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/10/2025	5 Payee name FedEx	
6 Amount (\$) \$81.19	7 Payee address; City; State; Zip Code 4002 S Padre Island Dr Ste 100A Corpus Christi, TX 78411	
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 marketing materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name FedEx	
Amount (\$) \$54.11	Payee address; City; State; Zip Code 4002 S Padre Island Dr Ste 100A Corpus Christi, TX 78411	
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 marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name FedEx	
Amount (\$) \$35.71	Payee address; City; State; Zip Code 4002 S Padre Island Dr Ste 100A Corpus Christi, TX 78411	
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 marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/34 Rpt: 29/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 07/10/2025	5 Payee name FedEx	
6 Amount (\$) \$18.93	7 Payee address; City; State; Zip Code 4002 S Padre Island Dr Ste 100A Corpus Christi, TX 78411	
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 marketing materials (letter to lawyers)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name HEB	
Amount (\$) \$105.00	Payee address; City; State; Zip Code 4302 S. Alameda Corpus Christi, TX 78411	
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 christmas event promo
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Hobby Lobby	
Amount (\$) \$19.94	Payee address; City; State; Zip Code 5425 S Padre Island Dr #136-B Corpus Christi, TX 78411	
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 all jingle no mingle
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/34 Rpt: 30/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 07/07/2025	5 Payee name Joe's Crab Shack	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 444 N Shoreline Blvd Corpus Christi, TX 78401	
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 STAR meeting (networking)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Kari Garanzuay	
Amount (\$) \$250.00	Payee address; City; State; Zip Code Corpus Christi Corpus Christi, TX 78411	
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 photography services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Lowe's	
Amount (\$) \$43.71	Payee address; City; State; Zip Code 1530 Airline Road Corpus Christi, TX 78412	
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 sign equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/34 Rpt: 31/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/10/2025	5 Payee name Next Day Flyers	
6 Amount (\$) \$246.80	7 Payee address; City; State; Zip Code 435 N. Midland Ave. Saddle Brook, NJ 07663	
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 marketing materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Nueces County GOP	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 4545 Flynn Prkwy STE 103 Corpus Christi, TX 78411	
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 STX Cons. Conf.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2025	Payee name Nueces County GOP	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4545 Flynn Prkwy STE 103 Corpus Christi, TX 78411	
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 Primary filing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/34 Rpt: 32/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/12/2025	5 Payee name Nueces County GOP	
6 Amount (\$) \$267.94	7 Payee address; City; State; Zip Code 4545 Flynn Prkwy STE 103 Corpus Christi, TX 78411	
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 Clay Shoot (sponsorship, ad/signage)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2025	Payee name Nueces County GOP	
Amount (\$) \$214.42	Payee address; City; State; Zip Code 4545 Flynn Prkwy STE 103 Corpus Christi, TX 78411	
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 advertisement in program (STX Conservative Conference)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Nueces County GOP	
Amount (\$) \$27.07	Payee address; City; State; Zip Code 4545 Flynn Prkwy STE 103 Corpus Christi, TX 78411	
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 STX Conservative Conference (ticket)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/34 Rpt: 33/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/12/2025	5 Payee name Office Depot	
6 Amount (\$) \$6.48	7 Payee address; City; State; Zip Code 5425 S Padre Island Dr #151 Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Office Depot	
Amount (\$) \$373.45	Payee address; City; State; Zip Code 5425 S Padre Island Dr #151 Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies (printer)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2025	Payee name Office Depot	
Amount (\$) \$35.70	Payee address; City; State; Zip Code 5425 S Padre Island Dr #151 Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/34 Rpt: 34/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 10/01/2025	5 Payee name Sam's	
6 Amount (\$) \$35.58	7 Payee address; City; State; Zip Code 4833 S Padre Island Dr Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Sam's	
Amount (\$) \$79.72	Payee address; City; State; Zip Code 4833 S Padre Island Dr Corpus Christi, TX 78411	
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 kick off
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name Shoreline	
Amount (\$) \$22.97	Payee address; City; State; Zip Code 901 Leopard St 1st Flr Corpus Christi, TX 78401	
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 meeting w/volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/34 Rpt: 35/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/09/2025	5 Payee name Silverado Smokehouse	
6 Amount (\$) \$13.80	7 Payee address; City; State; Zip Code 4522 Weber Rd #102 Corpus Christi, TX 78411	
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 event attendance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name Silverado Smokehouse	
Amount (\$) \$15.69	Payee address; City; State; Zip Code 4522 Weber Rd #102 Corpus Christi, TX 78411	
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 political/networking event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Square Up	
Amount (\$) \$34.11	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
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 internet services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/34 Rpt: 36/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/03/2025	5 Payee name Square Up	
6 Amount (\$) \$34.11	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name Square Up	
Amount (\$) \$34.11	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Square Up	
Amount (\$) \$34.11	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/34 Rpt: 37/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/04/2025	5 Payee name Square Up	
6 Amount (\$) \$34.11	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name Square Up	
Amount (\$) \$12.10	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Square Up	
Amount (\$) \$21.27	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/34 Rpt: 38/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/10/2025	5 Payee name St.Nicholas Greek Orthodox	
6 Amount (\$) \$63.00	7 Payee address; City; State; Zip Code 502 S Chaparral S Corpus Christi, TX 78401	
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 marketing for CCPD/CCFD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name St.Nicholas Greek Orthodox	
Amount (\$) \$97.00	Payee address; City; State; Zip Code 502 S Chaparral S Corpus Christi, TX 78401	
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 marketing for CCPD/CCFD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Super Cheap Signs	
Amount (\$) \$573.51	Payee address; City; State; Zip Code 12800 Anderson Mill Rd BLDG D-1 Cedar Park, TX 78613	
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 signage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/34 Rpt: 39/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/12/2025	5 Payee name Super Cheap Signs	
6 Amount (\$) \$465.98	7 Payee address; City; State; Zip Code 12800 Anderson Mill Rd BLDG D-1 Cedar Park, TX 78613	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Super Cheap Signs	
Amount (\$) \$717.60	Payee address; City; State; Zip Code 12800 Anderson Mill Rd BLDG D-1 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Super Cheap Signs	
Amount (\$) \$618.72	Payee address; City; State; Zip Code 12800 Anderson Mill Rd BLDG D-1 Cedar Park, TX 78613	
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 marketing materials, signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/34 Rpt: 40/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 10/17/2025	5 Payee name The Texas College Republicans	
6 Amount (\$) \$260.25	7 Payee address; City; State; Zip Code 400 Bizzell St College Station, TX 77843	
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 event sponsorship (web and program ad)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Totally Promotional	
Amount (\$) \$221.50	Payee address; City; State; Zip Code 450 S. Second St. Coldwater, OH 45828	
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 marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name Totally Promotional	
Amount (\$) \$116.15	Payee address; City; State; Zip Code 450 S. Second St. Coldwater, OH 45828	
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 marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/34 Rpt: 41/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/19/2025	5 Payee name Tractor Supplies	
6 Amount (\$) \$82.96	7 Payee address; City; State; Zip Code 2754 Saratoga Blvd Corpus Christi, TX 78415	
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 sign supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Tractor Supplies	
Amount (\$) \$125.88	Payee address; City; State; Zip Code 2754 Saratoga Blvd Corpus Christi, TX 78415	
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 equipment for marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Tractor Supplies	
Amount (\$) \$26.29	Payee address; City; State; Zip Code 2754 Saratoga Blvd Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense marketing equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/34 Rpt: 42/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/16/2025	5 Payee name USPS	
6 Amount (\$) \$202.80	7 Payee address; City; State; Zip Code 802 N. Tanchua Corpus Christi, TX 78403	
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 postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name USPS	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 802 N. Tanchua Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO box rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name USPS	
Amount (\$) \$390.00	Payee address; City; State; Zip Code 802 N. Tanchua Corpus Christi, TX 78403	
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/34 Rpt: 43/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/12/2025	5 Payee name VistaPrint	
6 Amount (\$) \$144.20	7 Payee address; City; State; Zip Code 275 Wyman Street Waltham, ME 02451	
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 marketing materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$359.37	Payee name VistaPrint Payee address; City; State; Zip Code 275 Wyman Street Waltham, ME 02451	
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 marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/10/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$79.87	Payee name VistaPrint Payee address; City; State; Zip Code 275 Wyman Street Waltham, ME 02451	
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 marketing materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/34 Rpt: 44/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/24/2025	5 Payee name Walmart	
6 Amount (\$) \$33.82	7 Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense all jingle no mingle supplies
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 Walmart	
Amount (\$) \$107.18	Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi, TX 78411	
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 kickoff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Walmart	
Amount (\$) \$6.43	Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office and mailing supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/34 Rpt: 45/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 09/22/2025	5 Payee name Walmart	
6 Amount (\$) \$29.70	7 Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi , TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name Walmart	
Amount (\$) \$6.25	Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi , TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office and mailing supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2025	Payee name Walmart	
Amount (\$) \$45.17	Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/34 Rpt: 46/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 09/17/2025	5 Payee name Walmart	
6 Amount (\$) \$21.48	7 Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies (online order)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name Walmart	
Amount (\$) \$22.09	Payee address; City; State; Zip Code 4109 S Staples St Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name WinRed	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/34 Rpt: 47/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 12/11/2025	5 Payee name WinRed	
6 Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name WinRed	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name WinRed	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/34 Rpt: 48/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/27/2025	5 Payee name WinRed	
6 Amount (\$) \$2.05	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.10	Payee name WinRed Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$16.40	Payee name WinRed Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/34 Rpt: 49/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 11/18/2025	5 Payee name WinRed	
6 Amount (\$) \$24.61	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name WinRed		
Amount (\$) \$10.25	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name WinRed		
Amount (\$) \$9.85	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/34 Rpt: 50/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 10/01/2025	5 Payee name WinRed	
6 Amount (\$) \$3.94	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name WinRed		
Amount (\$) \$27.53	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name WinRed		
Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/34 Rpt: 51/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/27/2025	5 Payee name WinRed	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.10	Payee name WinRed Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.05	Payee name WinRed Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/34 Rpt: 52/52	2 FILER NAME Mills, Kathy S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089775
4 Date 08/01/2025	5 Payee name WinRed	
6 Amount (\$) \$19.70	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name WinRed	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 Fairfax Dr STE600 Arlington, VA 22203	
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 processing fee (cc)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held