

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) 00083935	2 Total pages filed: 5								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Kathryn C.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026								
	NICKNAME LAST SUFFIX Colleen Gaido										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE REDACTED PER 254.0313, GOV'T CODE		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Charles A.										
	NICKNAME LAST SUFFIX Brodsky										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE REDACTED PER 254.0313, GOV'T CODE										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 899-8094										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td>☒ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded modified reporting limit</td> <td>☐ Final Report (Attach C/OH-FR)</td> </tr> </table>			☒ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)	☐ July 15	☐ 8th day before election	☐ Exceeded modified reporting limit	☐ Final Report (Attach C/OH-FR)
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9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special								
11 OFFICE	OFFICE HELD (if any) District Judge District 337 Harris		12 OFFICE SOUGHT (if known)								

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 5

13 C / OH NAME Gaido, Kathryn C. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00083935
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15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 54,476.53
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.

The Honorable Kathryn C. Gaido

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 COVER SHEET PG 3

3 of 5

18 FILER NAME Gaido, Kathryn C. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00083935	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	☐ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	☐ SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	300.00
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 4/5	2 FILER NAME Gaido, Kathryn C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083935
4 Date 07/01/2025	5 Payee name Beacon Agency	
6 Amount (\$) \$50.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 945 McKinney St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name Beacon Agency	
Amount (\$) \$50.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 945 McKinney St Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/01/2025	Candidate/Officeholder name Beacon Agency	
Amount (\$) \$50.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 945 McKinney St Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 5/5	2 FILER NAME Gaido, Kathryn C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083935
4 Date 10/01/2025	5 Payee name Beacon Agency	
6 Amount (\$) \$50.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 945 McKinney St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Payee name Beacon Agency	
Amount (\$) \$50.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 945 McKinney St Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2025	Payee name Beacon Agency	
Amount (\$) \$50.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 945 McKinney St Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		