

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00089876	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kate	MI	OFFICE USE ONLY		
	NICKNAME	LAST Lincoln-Goldfinch	SUFFIX	Date Received ELECTRONICALLY FILED 02/01/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2202 Colgate Lane			Date Hand-delivered or Date Postmarked		
	Austin, TX 78723			Receipt #		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joe	MI			
	NICKNAME	LAST Pachuca	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5524 Bee Caves Road #13 Austin, TX 78746		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 817-3245					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 50		

GO TO PAGE 2

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

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

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13 C / OH NAME	Lincoln-Goldfinch, Kate (Ms.)		14 Filer ID (Ethics Commission Filers) 00089876
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,401.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 37,514.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 7,701.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 25,000.00

17 AFFIDAVIT

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

Ms. Kate Lincoln-Goldfinch

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	19 Filer ID (Ethics Commission Filers) 00089876
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Laurie	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Sarah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Public health		Employer (See Instructions) UTHealth
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benyousef, Fayruz	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Fayruz Benyousef Consulting
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatti, Sumina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Real estate agent		Employer (See Instructions) Self Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blythe, Joy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Karen 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Burgess Law PC
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Melissa Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Entertainer	Employer (See Instructions) Self Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dake, Jeanne Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Horse instructor	Employer (See Instructions) Self Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehne, Andrea Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Stanley Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$54.00
	Principal occupation / Job title (See Instructions) psychologist	Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galloway, Linda 6 Contributor address; City; State; Zip Code Austin, TX 78727	7 Amount of Contribution (\$) \$216.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galloway, Linda Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$216.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-chappell, Cristina Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pastrana & Garcia
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graybill, Lisa Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, David Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaseman, Susan	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Stoughton, WI 53589	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Letlow, Joanne	Amount of Contribution (\$) \$36.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, Josephine	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Bonnie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Broomfield, CO 80020	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Stacey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Pepperell, MA 01463	
Principal occupation / Job title (See Instructions) BCBA para		Employer (See Instructions) GDRSD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maco n, Lilia	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Austin, TX 78727	
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Private practice
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macon, Lilia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78708	
Principal occupation / Job title (See Instructions) Lpc		Employer (See Instructions) Self Employed
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Jen	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Conroe, TX 77302	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) QMC Law
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevits, Elisabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Oakwood Village, OH 44146	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Alissa	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)			3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/07/2026	5 Full name of contributor Quintanilla, David	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Ut Austin	
Date 01/17/2026	Full name of contributor Schreiber, Gabrielle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State	
Date 01/18/2026	Full name of contributor Schreiber, Lucas	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Ranchos de Taos, NM 87557		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed	
Date 01/10/2026	Full name of contributor Simpson, Wade	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78751		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed	
Date 01/03/2026	Full name of contributor Steglich, Elissa	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78722		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) UT	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Laurel	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Austin, TX 78737	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Marsha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
Principal occupation / Job title (See Instructions) Massage therapist		Employer (See Instructions) Self Employed
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) allen, gail	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) teacher and student		Employer (See Instructions) Self Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/07/2026	7 Name of lender Lincoln-Goldfinch, Kate	8 <input type="checkbox"/> out-of-state PAC (ID#: _____)
6 Is lender a financial institution? No	9 Loan Amount (\$) \$25,000.00	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Immigration Attorney		13 Employer (See Instructions) Lincoln-Goldfinch Law
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 12/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/08/2026	5 Payee name Delgado, Bertha	
6 Amount (\$) \$3,200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field consulting fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name Dulce, Mercedes	
Amount (\$) \$20.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cuidad de Villa de Alvarez Colima 28974 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vendor fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/15/2026	Payee name Dulce, Mercedes	
Amount (\$) \$300.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cuidad de Villa de Alvarez 28974 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vendor fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 13/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/08/2026	5 Payee name Emerson, William	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78728	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/15/2026	Payee name Milman Research and Consulting	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 14716 Top Sergeant Lane Centreville, TX 20121	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Consulting fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/06/2026	Payee name Moonlight Graphix	
Amount (\$) \$389.70	Payee address; City; State; Zip Code PO Box 491 Buda, TX 78610	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 14/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/02/2026	5 Payee name Numero	
6 Amount (\$) \$960.00	7 Payee address; City; State; Zip Code 695 Town Center Drive Suite 1100 Costa Mesa, CA 92626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/02/2026	Payee name PNC Bank	
Amount (\$) \$116.00	Payee address; City; State; Zip Code PO Box 609 Pittsburgh, PA 15230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring bank service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name Pathfinder	
Amount (\$) \$18,000.00	Payee address; City; State; Zip Code 2824 Blossom St Columbia, SC 29205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polling fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 15/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/22/2026	5 Payee name Powers Interactive	
6 Amount (\$) \$2,500.00	7 Payee address; City; 16192 Coastal Hwy Lewes, DE 19958	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Digital advertising fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name Powers Interactive	
Amount (\$) \$2,500.00	Payee address; City; 16192 Coastal Hwy Lewes, DE 19958	
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 Digital advertising expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name Texas Campaigns LLC	
Amount (\$) \$4,750.00	Payee address; City; 18414 Rogers Bend San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 16/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876		
4 Date 01/22/2026	5 Payee name Duarte, Hilda			
6 Amount (\$) \$444.20	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149			
<input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel reimbursement expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 01/14/2026	Payee name Duarte, Hilda			
Amount (\$) \$584.20	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149			
<input type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel expenses reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 01/05/2026	Payee name Duarte, Hilda			
Amount (\$) \$250.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149			
<input type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel reimbursement expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held