

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 | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Ms.</td> <td style="width: 30%;">FIRST Kate</td> <td style="width: 40%;">MI MI</td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Lincoln-Goldfinch</td> <td>SUFFIX</td> </tr> </table> | | MS / MRS / MR Ms. | FIRST Kate | MI MI | <hr/> | | | NICKNAME | LAST Lincoln-Goldfinch | SUFFIX | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/01/2026 |
| | MS / MRS / MR Ms. | FIRST Kate | MI MI | | | | | | | | | |
| <hr/> | | | | | | | | | | | | |
| NICKNAME | LAST Lincoln-Goldfinch | SUFFIX | | | | | | | | | | |
| ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2202 Colgate Lane Austin, TX 78723 <input type="checkbox"/> Change of Address | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2202 Colgate Lane Austin, TX 78723 | | 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 | | | | | | | | | | |
| | MS / MRS / MR Mr. | | FIRST Joe | | | | | | | | | |
| | NICKNAME | | LAST Pachuca | | | | | | | | | |
| SUFFIX | | SUFFIX | | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5524 Bee Caves Road #13 Austin, TX 78746 | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 817-3245 | | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" 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 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) | |
| <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 Day Year Month Day Year 01/01/2026 THROUGH 01/22/2026 | | | | | | | | | | | |
| 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) State Representative District 50 | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 16

| | |
|---|---|
| 13 C / OH NAME Lincoln-Goldfinch, Kate (Ms.) | 14 Filer ID (Ethics Commission Filers) 00089876 |
|---|---|

| | | | |
|---|--|---|--|
| 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) | \$ 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**

3 of 16

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Lincoln-Goldfinch, Kate (Ms.) | | 19 Filer ID 00089876 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 4,401.00 |
| 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 | \$ | 25,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 36,235.70 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 1,278.40 |
| 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703 | 7 Amount of Contribution (\$) \$20.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$50.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78738 | Amount of Contribution (\$) \$500.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$50.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code Stoughton, WI 53589 | 7 Amount of Contribution (\$) \$50.00 |
| 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#: _____) Letlow, Joanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$36.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$100.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Broomfield, CO 80020 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Stacey <hr/> Contributor address; City; State; Zip Code Pepperell, MA 01463 | Amount of Contribution (\$) \$25.00 |
| 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#: _____) Macon, Lilia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727 | 7 Amount of Contribution (\$) \$200.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78708 | Amount of Contribution (\$) \$20.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302 | Amount of Contribution (\$) \$200.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Oakwood Village, OH 44146 | Amount of Contribution (\$) \$25.00 |
| 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$200.00 |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) Ut Austin |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiber, Gabrielle <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) State |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiber, Lucas <hr/> Contributor address; City; State; Zip Code Ranchos de Taos, NM 87557 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self Employed |
| Date 01/10/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Wade <hr/> Contributor address; City; State; Zip Code Austin, TX 78751 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/03/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steglich, Elissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78722 | Amount of Contribution (\$) \$100.00 |
| 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 6 Contributor address; City; State; Zip Code Austin, TX 78737 | 7 Amount of Contribution (\$) \$4.00 |
| 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 Contributor address; City; State; Zip Code Austin, TX 78736 | Amount of Contribution (\$) \$50.00 |
| 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 Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) \$25,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code Austin, TX 78723 | 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 (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

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: 1/4 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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: 2/4 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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: 3/4 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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: 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/08/2026 | Candidate/Officeholder name Powers Interactive | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/21/2026 | Candidate/Officeholder name Texas Campaigns LLC | |
| Amount (\$) \$4,750.00 | Payee address; City; State; Zip Code 18414 Rogers Bend San Antonio, TX 78258 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting expense |
| 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: 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 <input type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149 | | | |
| 8 PURPOSE OF EXPENDITURE | | (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 ONLY 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 <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149 | | | |
| 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 ONLY 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 <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149 | | | |
| 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 ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |