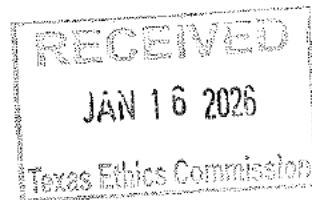


SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME KRISTYNA PAYTON LOUNDY		20 Filer ID (Ethics Commission Filers) 00090329
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2231.58
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1150.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



postmarked:1.16.26
prc'd:1.23.26

D:101034476

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KRISTYNA PAYTON LOUNDRY		3 Filer ID (Ethics Commission Filers) 60090329
4 Date 12/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ASHLI KNIGHT 6 Contributor address; City; State; Zip Code [REDACTED] BIGELOW AR 72016	7 Amount of contribution (\$) \$ 5.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROL ANN CAMP Contributor address; City; State; Zip Code [REDACTED] BIGELOW AR 72014	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH WILLIAMS Contributor address; City; State; Zip Code [REDACTED] ALAMOGORDO NM 88310	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YOLONDA CAMP Contributor address; City; State; Zip Code [REDACTED] BIGELOW AR 72016	Amount of contribution (\$) \$ 20.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

KRISTYNA PAYTON LOUNDY

3 Filer ID (Ethics Commission Filers)

00090329

4 Date

5 Full name of contributor

out-of-state PAC (ID#:

MELISSA KNUTSON

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

WASHINGTON
DC 20011

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

Full name of contributor

out-of-state PAC (ID#:

12/18

HANNAH CHOW

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

SUGARLAND TX 77479

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor

out-of-state PAC (ID#:

12/18

ASHLI KNIGHT

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

BIGELOW AR 72016

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

Full name of contributor

out-of-state PAC (ID#:

12/18

ASHLI KNIGHT

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

BIGELOW AR 72016

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KRISTYNA PAYTON LOUNDY		3 Filer ID (Ethics Commission Filers) 000 90329
4 Date 12/18	5 Full name of contributor out-of-state PAC (ID#: CRESSI ALLEN	7 Amount of contribution (\$) \$ 10.00
	6 Contributor address; City; State; Zip Code [REDACTED] BIGELOW AR 72016	
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 12/19	Full name of contributor out-of-state PAC (ID#: KATIE McFADIN	Amount of contribution (\$) \$ 10.00
	Contributor address; City; State; Zip Code [REDACTED] KILGORE TX 75142	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/19	Full name of contributor out-of-state PAC (ID#: DERRICK BAILEY	Amount of contribution (\$) \$ 10.00
	Contributor address; City; State; Zip Code [REDACTED] BENTON AR 72019	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/19	Full name of contributor out-of-state PAC (ID#: ERIN COLE	Amount of contribution (\$) \$ 20.00
	Contributor address; City; State; Zip Code [REDACTED] SPRING TX 77379	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KRISTYNA PAYTON LOUNDRY		3 Filer ID (Ethics Commission Filers) 00090329
4 Date 12/19	5 Full name of contributor out-of-state PAC (ID#: CAROL ANN CAMP 6 Contributor address; City; State; Zip Code BIGELOW AVE 72014	7 Amount of contribution (\$) \$ 20.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 12/31	Full name of contributor out-of-state PAC (ID#: KRISTYNA PAYTON LOUNDRY Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/04	Full name of contributor out-of-state PAC (ID#: KRISTYNA PAYTON LOUNDRY Contributor address; City; State; Zip Code SUGAR LAND TX 77479	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions) AUTHOR		Employer (See Instructions) SELF
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2

TEEN NAME KRISTYNA PAXTON LOUNDA

00090329

\$ 1150.00

12 | 31

ASHLI KNIGHT

BIGEDW AR 726/v

\$500.00

CAMPAIGN
MEDIA MANAGEMENT

☐ Check if travel outside of Texas. Complete Schedule T.

STAMP

SELF

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

12 | 09

HANNAH CHOW

SUGAR LAND TX 77478

\$150.00

VOLUNTEER
OUTREACH

☐ Check if travel outside of Texas. Complete Schedule T.

NIA

N/A

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME KRISTYNA PAYTON LOUNDY		3 Filer ID (Ethics Commission Filers) 000 903 29	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/09	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALLEN CHOW	8 Amount of Contribution \$ \$ 150	9 In-kind contribution description GRAPHIC DESIGN
7 Contributor address; City; State; Zip Code [REDACTED] SUGARLAND TX 77479		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DARA GARRETT	Amount of Contribution \$ \$ 350.00	In-kind contribution description PHOTOGRAPHY AND PHOTO EDITING
Contributor address; City; State; Zip Code [REDACTED] HOUSTON AR 72070		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) FREELANCE PHOTOGRAPHY		Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 2		2 FILER NAME KRISTYNA DAYTON LOUNDA		3 Filer ID (Ethics Commission Filers) 00090329	
4 Date 12-16		5 Payee name GOT PRINT			
6 Amount (\$) 95.88		7 Payee address; City; State; Zip Code 7651 N. SAN FERNANDO RD BURBANK CA 91505 <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description PRINTING CAMPAIGN MATERIALS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12-23		Payee name FORT BEND DEMOCRATIC PARTY			
Amount (\$)		Payee address; City; State; Zip Code 13515 SOUTHWEST FWY SUGARLAND TX 77478 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description DEMOCRATIC BALLOT MAILER		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12-24		Payee name TEXAS DEMOCRATIC PARTY			
Amount (\$) \$357.50		Payee address; City; State; Zip Code 314 HIGHLAND BLVD. AUSTIN TX 78758 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE		Description VAN ACCESS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:		2 FILER NAME KRISTYNA PAYTON LOUNDRY		3 Filer ID (Ethics Commission Filers) 00090329	
4 Date 12-27		5 Payee name PAGE			
6 Amount (\$) \$16.00		7 Payee address; City; State; Zip Code FRANCE, HELLO@PAA.GE <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description ADVERTISING HOST PAGE ONLINE		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 1	2 FILER NAME KRISTYNA PAYTON LOUNDA		3 Filer ID (Ethics Commission Filers) 00090329
4 Date 12/09	5 Payee name FORT BEND DEMOCRATIC PARTY		
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 13515 SOUTHWEST FWY SUGARLAND TX 77478 <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE		(b) Description FILING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

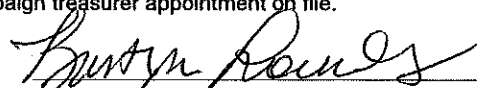
KRISTYNA PAYTON LOUNDRY

2 Filer ID (Ethics Commission Filers)

00090329

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

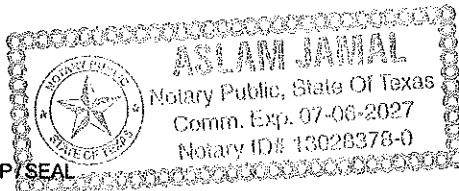
Date Imaged

Filer name KRISTYNA PAYTON LOUNDY	Filer ID # 00040329
---	-------------------------------

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the CAMPAIGN FINANCE report due on JANUARY 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by KRISTYNA PAYTON LOUNDY this the 14th day of JANUARY, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath

ASLAM JAMAL
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**



US POSTAGE AND FEES PAID
PM EXPRESS IMI
Jan 15 2026
Mailed from ZIP 77479
PME
ZONE 2 FLAT - RATE ENV
10581737
Commercial



PRIORITY MAIL EXPRESS 2-DAY

KP LOUNDRY
8739 SARATOGA DR
SUGAR LAND TX 77479

B100 0007

Shipped using Postafiate
PK# 312109

NO SUNDAY OR HOLIDAY DELIVERY
WAIVER OF SIGNATURE REQUESTED
SHIP **TEXAS ETHICS COMMISSION**
TO: PO BOX 12070
AUSTIN TX 78711-2070



USPS TRACKING #



9470 1508 9956 1000 7675 92

[illegible]

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JAN 16 2026

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PS10001000006

EP13F October 2023
OD: 12 1/2 x 9 1/2

GUARANTEED* - TRACKED - INSURED

For Domestic shipments, the maximum weight is 70 lbs. For international shipments, the maximum weight is 20 lbs.