

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090102		2 Total pages filed: 54		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR		FIRST	MI			
	NICKNAME		LAST	SUFFIX			
		Kristen C.					
		Plaisance					
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit				
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
			07/01/2025		THROUGH		12/31/2025
6 EXPLANATION OF CORRECTION							
Clerical errors and missed transactions							

7 AFFIDAVIT	
<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check the box next to any and all applicable statements:</p> <p><input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.</p> <p><input checked="" type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</p> <p style="text-align: right;">Kristen C. Plaisance</p> <p style="text-align: right;">_____ Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>	

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00090102		2 Total pages filed: 54	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Kristen C.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/23/2026		
	NICKNAME LAST SUFFIX Plaisance				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 22355 Log Orchard Lane Porter, TX 77365			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sherry				
	NICKNAME LAST SUFFIX Tavel				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 27105 Crown Chase Dr. Kingwood , TX 77339				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 417-7737				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025				
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <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 3		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Plaisance, Kristen C.	14 Filer ID (Ethics Commission Filers) 00090102
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 431.14
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,275.20
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,973.55
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,385.29
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,600.00

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.

 Kristen C. Plaisance
 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 Plaisance, Kristen C.		19 Filer ID 00090102	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	9,790.20
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	485.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	26,600.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	29,973.55
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	21.64

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 5/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Michael 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron, Elizabeth Contributor address; City; State; Zip Code Huntsville, AL 35803	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barretto, Karen Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$17.76
Principal occupation / Job title (See Instructions) GRA		Employer (See Instructions) Gulf Coast Construction
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barz, Krissy Contributor address; City; State; Zip Code Shreveport, LA 71105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Janet Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 6/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blocker, Dale <hr/> 6 Contributor address; City; State; Zip Code Ringgold, GA 76049	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohannon, Lauren <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgard, Ross <hr/> Contributor address; City; State; Zip Code Houma, LA 70360	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Shanena <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Susanne <hr/> Contributor address; City; State; Zip Code Woodsboro, TX 78393	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 7/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castanon, Jesse <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77355	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castille, Clayton <hr/> Contributor address; City; State; Zip Code Opelousas, LA 70570	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) STI
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castille, Roger <hr/> Contributor address; City; State; Zip Code Opelousas, LA 70570	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Paul <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired Attorney		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danos, Hank <hr/> Contributor address; City; State; Zip Code Cut Off, LA 70345	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 8/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danos, Lester <hr/> 6 Contributor address; City; State; Zip Code Cut Off, LA 77345	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earnest, Staci <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Strada
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jenn <hr/> Contributor address; City; State; Zip Code Millsap, TX 76066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Jennz
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jennifer <hr/> Contributor address; City; State; Zip Code Millsap, TX 76066	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ely, Willian <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SAP Americas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 9/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Vivian <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316	7 Amount of Contribution (\$) \$17.76
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Carlton <hr/> Contributor address; City; State; Zip Code Maurice, LA 70555	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giunta, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glueck, Meagan <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Robert <hr/> Contributor address; City; State; Zip Code Hillsboro, GA 31038	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Virtual Tours and Photos

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 10/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Todd 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Sales
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Connie Contributor address; City; State; Zip Code Sanford, FL 32771	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Tom Contributor address; City; State; Zip Code Seneca, SC 29678	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedrick, Gail Contributor address; City; State; Zip Code New Port New, VA 23601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hord II, Lonna Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SSI Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 11/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Becky <hr/> 6 Contributor address; City; State; Zip Code Claremore, OK 74019	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Billy <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Michelle <hr/> Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelter, Tammy <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelter, Tammy <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 12/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelter, Tammy <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knebel, Randal <hr/> Contributor address; City; State; Zip Code Unknown, TX 00000	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kussy, Ellis <hr/> Contributor address; City; State; Zip Code Unknown, TX 77301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaBelle, Robert <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Steve <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 13/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leblanc, Wendall <hr/> 6 Contributor address; City; State; Zip Code Unknown, TX 77301	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Brandon <hr/> Contributor address; City; State; Zip Code Porter, TX 77365	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) Cinco Vidas Coffee Co.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Todd <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Solar energy manufacturer		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locetta, Cathie <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Bonnie <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 14/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAleer, Donna <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77381	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kelly <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) student
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Casey <hr/> Contributor address; City; State; Zip Code Porter, TX 77365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Talos Energy
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meazell, John <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Billy <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 15/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murchison, Don <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) RINA Tech
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Angela <hr/> Contributor address; City; State; Zip Code Millry, AL 36558	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nail, Johnny <hr/> Contributor address; City; State; Zip Code New Caney, TX 77357	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) None
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nemec, Patricia <hr/> Contributor address; City; State; Zip Code Humble, TX 77338	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Pat Nemec Realty
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Arvis <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 16/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olinde, Melinda 6 Contributor address; City; State; Zip Code Magnolia, TX 77354	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orebaugh, Tina Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orgeron, Marty Contributor address; City; State; Zip Code Youngsville, LA 70592	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Sandra Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrott, Tiffany Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 17/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Luis <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77354	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Baker Hughes
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Luis <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Luis <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Luis <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendleton, Lance <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77354	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Lance Pendleton

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 18/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cyndie (Miss) <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cyndie (Miss) <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plaisance, Blaine <hr/> Contributor address; City; State; Zip Code Porter, TX 77365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Corterra Energy
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plaisance, Chandler <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porterfield, Paula <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Re Max Universal

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 19/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Anne <hr/> 6 Contributor address; City; State; Zip Code Waelder, TX 78959	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roden, Allen <hr/> Contributor address; City; State; Zip Code New Caney, TX 77357	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Rusty Buckle BBQ
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Chad <hr/> Contributor address; City; State; Zip Code Rogers, AR 72758	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) American Airlines
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schexnayder, James <hr/> Contributor address; City; State; Zip Code Athens, AL 35613	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonka, Gregg <hr/> Contributor address; City; State; Zip Code Lincoln, TX 68522	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 20/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Dayna <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Better Homes & Gardens
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brian <hr/> Contributor address; City; State; Zip Code Fort Smith, AR 72908	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle <hr/> Contributor address; City; State; Zip Code Lynn Haven, FL 32444	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohns, Brett <hr/> Contributor address; City; State; Zip Code New York, NY 12866	Amount of Contribution (\$) \$295.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strogin, Kyle <hr/> Contributor address; City; State; Zip Code Grandberry, TX 76043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) GISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 21/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunderlage, Tatum 6 Contributor address; City; State; Zip Code Draper, UT 84020	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) HuffmanISD
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Barry Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Viaggio Wealth
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tavel, Sherry Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teich, Patrick Contributor address; City; State; Zip Code Conroe, TX 77306	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodaux, Scott Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 22/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tibbs, Pat <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomczyk, Michael <hr/> Contributor address; City; State; Zip Code Chambersburg, PA 17202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trosclair, Randy <hr/> Contributor address; City; State; Zip Code Lockport, LA 70374	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Grace <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Lauren <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 23/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Leigh <hr/> 6 Contributor address; City; State; Zip Code Beeville, TX 78102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Robert <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jeff <hr/> Contributor address; City; State; Zip Code Porter, TX 77365	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Lone Star College
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Lisa <hr/> Contributor address; City; State; Zip Code Santa Rosa, FL 32459	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley, Phoebe <hr/> Contributor address; City; State; Zip Code New Caney, TX 77357	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 24/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley, Phoebe <hr/> 6 Contributor address; City; State; Zip Code New Caney, TX 77357	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Timothy <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Sales
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteside Jr., Jerrell <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Herschel <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiseman, Karen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 25/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yockey, Tim <hr/> 6 Contributor address; City; State; Zip Code Pinehurst, TX 77362	7 Amount of Contribution (\$) \$17.76
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Aniticorrosion Technologies
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) checo, Pedro <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PSE

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 26/54	
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/06/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Matt	8 Amount of contribution (\$) \$485.00	9 In-kind contribution description Buttons for campaign
	7 Contributor address; City; State; Zip Code Natchitoches, LA 71457	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Posey's Sports Center	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 27/54
2 FILER NAME Plaisance, Kristen C.		3 Filer ID (Ethics Commission Filers) 00090102
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/06/2025	7 Name of lender Plaisance, Kristen <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$26,600.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Porter, TX 77365	10 Interest Rate 4
		11 Maturity Date 10/06/2027
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) Retired
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: 1/25 Rpt: 28/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/02/2025	5 Payee name Amazon Marketplace	
6 Amount (\$) \$26.73	7 Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon Marketplace		
Amount (\$) \$10.81	Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cookoff Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense plates, forks and other supplies for cookoff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon Marketplace		
Amount (\$) \$138.54	Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109	
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 Blockwalking expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/25 Rpt: 29/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/05/2025	5 Payee name Amazon Marketplace	
6 Amount (\$) \$31.38	7 Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Republican Women Chili Cookoff supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Amazon Marketplace	
Amount (\$) \$43.28	Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109	
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 Block Walking Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Amazon Marketplace	
Amount (\$) \$81.12	Payee address; City; State; Zip Code 440 Terry Ave Seattle, WA 98109	
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 Republican Women Chilli Cookoff Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/25 Rpt: 30/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/08/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$4.90	7 Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.30	Payee name Anedot Inc. Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/11/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$26.00	Payee name Anedot Inc. Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/25 Rpt: 31/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/12/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$5.70	7 Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/13/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$6.10	Payee name Anedot Inc. Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.40	Payee name Anedot Inc. Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/25 Rpt: 32/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/16/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Anedot Inc.	
Amount (\$) \$20.31	Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Anedot Inc.	
Amount (\$) \$2.02	Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/25 Rpt: 33/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/21/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$1.11	7 Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/23/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.30	Payee name Anedot Inc.	
	Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206-5311	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/24/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.30	Payee name Anedot Inc.	
	Payee address; City; State; Zip Code 3723 Greenville Dallas, TX 75206	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/25 Rpt: 34/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/25/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$1.10	7 Payee address; City; State; Zip Code 3723 Greenville Dallas, TX 75206	
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 Credit Card Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/27/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$13.71	Payee name Anedot Inc. Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.30	Payee name Anedot Inc. Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/25 Rpt: 35/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/30/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$24.00	7 Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206	
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 Credit Card Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Anedot Inc.	
Amount (\$) \$93.00	Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206	
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 Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2025	Payee name Anedot Inc.	
Amount (\$) \$1.01	Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/25 Rpt: 36/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 11/29/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$1.90	7 Payee address; City; State; Zip Code 3723 Greenville Ave Suite 41002 Dallas, TX 75206	
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 Payment Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Cimpress USA, Inc	
Amount (\$) \$370.97	Payee address; City; State; Zip Code 275 Wyman Ave. Waltham, MA 02451-1200	
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 Print Brochures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name EMCRW	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 292 New Caney, TX 77357	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chili Cookoff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/25 Rpt: 37/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/11/2025	5 Payee name EMCRW	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 292 Conroe, TX 77357	
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 Advertising expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hatchwise		
Amount (\$) \$134.00	Payee address; City; State; Zip Code 93 Shennecossett Rd Groton, CT 06379	
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 Creation of Logo
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star Signs		
Amount (\$) \$64.41	Payee address; City; State; Zip Code 21973 Eva St. Montgomery, TX 73562-2011	
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 Banner for events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/25 Rpt: 38/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/02/2025	5 Payee name MC Republican Women	
6 Amount (\$) \$66.02	7 Payee address; City; State; Zip Code P.O. Box 1766 Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Republican's Women Lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Meta Platforms, Inc.	
Amount (\$) \$487.18	Payee address; City; State; Zip Code 1 Meta Way Menlo Park, CA 94025	
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 Facebook platforms
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Montgomery County Rep Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 18000 Hwy 105, Suite 101 Montgomery, TX 77356	
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 Ballott access 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: 12/25 Rpt: 39/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 11/13/2025	5 Payee name Neel & Partners	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 101 Montgomery, TX 76180	
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 Campaign consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Neel & Partners		
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 101 Montgomery, TX 76180	
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 Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Neel & Partners		
Amount (\$) \$1,652.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 101 Montgomery, TX 76180	
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 Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/25 Rpt: 40/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/02/2025	5 Payee name Neel & Partners	
6 Amount (\$) \$2,400.00	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 101 Montgomery, TX 76180	
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 Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name Neil & Partners	
Amount (\$) \$2,240.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 101 Montgomery, TX 76180	
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 Campaign consultation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Posey S Sports Center	
Amount (\$) \$238.68	Payee address; City; State; Zip Code 536 Kesyer Ave Natchitoches, LA 71457	
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 Campaign T shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/25 Rpt: 41/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/15/2025	5 Payee name Postal Annex	
6 Amount (\$) \$34.10	7 Payee address; City; State; Zip Code 2261 Northpark Dr. Kingwood, TX 77339	
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 Marketing Materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Republican Party MCRPTX	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1800 Highway 105 Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tournment sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Sarah Ainsworth Photography	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 10901 Ranchstone Dr. Houston, TX 77064	
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 Still photos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/25 Rpt: 42/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/04/2025	5 Payee name Sarah Ainsworth Photography	
6 Amount (\$) \$660.59	7 Payee address; City; State; Zip Code 10901 Ranchstone Dr. Houston, TX 77064	
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 Campaign Photos
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name Stacy Emerson	
Amount (\$) \$4,200.00	Payee address; City; State; Zip Code 45 Botanical Vista Dr. Tomball, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Stacy Emerson	
Amount (\$) \$4,200.00	Payee address; City; State; Zip Code 45 Botanical Vista Dr. Tomball, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing mtg
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/25 Rpt: 43/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/01/2025	5 Payee name Studio One Three	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 27380 Wagon Wheel Splendora, TX 77372	
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 Creation of video
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name Studio One Three	
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code 27380 Wagon Wheel Splendora, TX 77372	
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 Video Creation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Texas GOP Store	
Amount (\$) \$2,763.08	Payee address; City; State; Zip Code 20230 Kings Camp Dr. Katy, TX 77450	
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 Purchase of Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/25 Rpt: 44/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/31/2025	5 Payee name Veritex Bank	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 8214 Westchester Dr. Houston, TX 75225	
8 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 Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Veritex Bank		
Amount (\$) \$18.00	Payee address; City; State; Zip Code 8214 Westchester Dr. Houston, TX 75225	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Vista Print		
Amount (\$) \$129.01	Payee address; City; State; Zip Code 275 Wyman Aveue Waltham, MA 02541-1200	
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 cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/25 Rpt: 45/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 11/12/2025	5 Payee name Vistaprint / Cimpress USA, Inc	
6 Amount (\$) \$653.80	7 Payee address; City; State; Zip Code 275 Wyman Ave. Waltham, MA 02451-1200	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cards, brochure
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Vistaprint / Cimpress USA, Inc	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 275 Wyman Ave. Waltham, MA 02451-1200	
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 Campaign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Vistaprint / Cimpress USA, Inc	
Amount (\$) \$851.92	Payee address; City; State; Zip Code 275 Wyman Ave. Waltham, MA 02451-1200	
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 Campaign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/25 Rpt: 46/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 11/21/2025	5 Payee name Vistaprint / Cimpres USA, Inc	
6 Amount (\$) \$10.83	7 Payee address; City; State; Zip Code 275 Wyman Ave. Waltham, MA 02451-1200	
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 Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Walmart Porter	
Amount (\$) \$15.03	Payee address; City; State; Zip Code 702 SW 8th St. Bentonville, AR 72716	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Wix Payments	
Amount (\$) \$6.10	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/25 Rpt: 47/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/05/2025	5 Payee name Wix Payments	
6 Amount (\$) \$6.10	7 Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.74	Payee name Wix Payments Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.08	Payee name Wix Payments Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/25 Rpt: 48/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/11/2025	5 Payee name Wix Payments	
6 Amount (\$) \$4.46	7 Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix Payments		
Amount (\$) \$5.73	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix Payments		
Amount (\$) \$4.00	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/25 Rpt: 49/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/22/2025	5 Payee name Wix Payments	
6 Amount (\$) \$24.90	7 Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.73	Payee name Wix Payments Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/25/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$14.80	Payee name Wix Payments Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/25 Rpt: 50/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 10/29/2025	5 Payee name Wix Payments	
6 Amount (\$) \$22.05	7 Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix Payments		
Amount (\$) \$0.59	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix Payments		
Amount (\$) \$3.98	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/25 Rpt: 51/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 11/23/2025	5 Payee name Wix Payments	
6 Amount (\$) \$1.75	7 Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix Payments		
Amount (\$) \$1.75	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix Payments		
Amount (\$) \$0.84	Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/25 Rpt: 52/54	2 FILER NAME Plaisance, Kristen C.	3 Filer ID (Ethics Commission Filers) 00090102
4 Date 12/10/2025	5 Payee name Wix Payments	
6 Amount (\$) \$0.88	7 Payee address; City; State; Zip Code 40 W 27th St New York, NY 10001	
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 Payment Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 53/54

2 FILER NAME
Plaisance, Kristen C.

3 Filer ID (Ethics Commission Filers)
00090102

4 Date
11/03/2025

5 Name of person from whom amount is received
Amazon Marketplace

8 Amount (\$)
\$21.64

6 Address of person from whom amount is received; City; State; Zip Code

Seattle, WA 98109

7 Purpose for which amount is received
Refund on returned items

☐ Check if political contribution returned to filer

TEXT ANNOTATION

Sch: 1/1 Rpt: 54/54

FILER NAME

Plaisance, Kristen C.

Filer ID (Ethics Commission Filers)

00090102

Schedule

A1

Information entered by filer as a memo:

Any unknown fields have been requested of the donor. Waiting for response