

**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			
						Date Received	
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Kristen C. NICKNAME LAST SUFFIX Plaisance		ELECTRONICALLY FILED 01/23/2026			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	Date Hand-delivered or Date Postmarked		
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Receipt #	Amount		
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	Date Processed			
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	Date Imaged			
5 ORIGINAL PERIOD COVERED		Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH							

6 EXPLANATION OF CORRECTION

Clerical errors and missed transactions

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

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.

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.

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 oath

Printed name of officer administering oath

Title of officer administering oath

**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 Kristen C.			MI		
	NICKNAME LAST Plaisance			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 22355 Log Orchard Lane			ZIP CODE		
	Porter, TX 77365			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Sherry			MI		
	NICKNAME LAST Tavel			SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 27105 Crown Chase Dr.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
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
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 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	19 Filer ID	(Ethics Commission Filers)
Plaisance, Kristen C.	00090102	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Spring, TX 77386	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron, Elizabeth	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Huntsville, AL 35803	
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	Amount of Contribution (\$) \$17.76
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Shreveport, LA 71105	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Janet	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Magnolia, TX 77355	
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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Ringgold, GA 76049	
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	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Houma, LA 70360	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Woodsboro, TX 78393	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Magnolia, TX 77355	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Opelousas, LA 70570	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Opelousas, LA 70570	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Cut Off, LA 70345	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Cut Off, LA 77345	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Millsap, TX 76066	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Millsap, TX 76066	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
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	7 Amount of Contribution (\$) \$17.76
	6 Contributor address; City; State; Zip Code Montgomery, TX 77316	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Carlton	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Maurice, LA 70555	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
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#: _____) Glueck, Meagan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Richmond, TX 77406	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hillsboro, GA 31038	
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#: _____) Gidry, Todd	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Spring, TX 77386	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Sanford, FL 32771	
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#: _____) Hammond, Tom	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Seneca, SC 29678	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Port New, VA 23601	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
Principal occupation / Job title (See Instructions) SSI Services		Employer (See Instructions)

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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Claremore, OK 74019	
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	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code Willis, TX 77318	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Spring, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelver, Tammy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelver, Tammy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		

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#: _____) Kelver, Tammy	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Spring, TX 77386	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Unknown, TX 00000	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Unknown, TX 77301	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77302	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77381	
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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Unknown, TX 77301	
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) Cinco Vidas Coffee Co.
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyva, Brandon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Porter, TX 77365	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McKinney, TX 75071	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Spring, TX 77381	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Porter, TX 77365	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Tomball, TX 77377	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) RINA Tech
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Angela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Millry, AL 36558	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code New Caney, TX 77357	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nemec, Patricia	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code Humble, TX 77338	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Pat Nemec Realty
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Arvis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McKinney, TX 75070	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Youngsville, LA 70592	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Sugarland, TX 77479	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77354	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Baker Hughes
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Luis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Conroe, TX 77302	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Conroe, TX 77302	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Conroe, TX 77302	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Kingwood, TX 77354	
Principal occupation / Job title (See Instructions) Retired		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)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Magnolia, TX 77354	
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)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Porter, TX 77365	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Kingwood, TX 77345	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Waelder, TX 78959	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Caney, TX 77357	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Rogers, AR 72758	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Athens, AL 35613	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lincoln, TX 68522	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Humble, TX 77346	
8 Principal occupation / Job title (See Instructions) Better Homes & Gardens		9 Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brian	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Smith, AR 72908	
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#: _____) Smith, Michelle	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lynn Haven, FL 32444	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohns, Brett	Amount of Contribution (\$) \$295.00
	Contributor address; City; State; Zip Code New York, NY 12866	
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) Retired		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 6 Contributor address; City; State; Zip Code Magnolia, TX 77354	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#: _____) Tomczyk, Michael Contributor address; City; State; Zip Code Chambersburg, PA 17202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trosclair, Randy 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 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 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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Beeville, TX 78102	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Spring, TX 77386	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Porter, TX 77365	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Santa Rosa, FL 32459	
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	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code New Caney, TX 77357	
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	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code New Caney, TX 77357	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Humble, TX 77346	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
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 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 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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 26/54</p>
<p>2 FILER NAME Plaisance, Kristen C.</p>		<p>3 Filer ID (Ethics Commission Filers) 00090102</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 11/06/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clark, Matt</p> <p>7 Contributor address; City; State; Zip Code Natchitoches, LA 71457</p>	<p>8 Amount of contribution (\$) \$485.00</p> <p>9 In-kind contribution description Buttons for campaign</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Posey's Sports Center</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/25 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; 440 Terry Ave Seattle, WA 98109	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/14/2025	Payee name Amazon Marketplace		
Amount (\$) \$10.81	Payee address; City; 440 Terry Ave Seattle, WA 98109	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name Amazon Marketplace		
Amount (\$) \$138.54	Payee address; City; 440 Terry Ave Seattle, WA 98109	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/25 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; 440 Terry Ave Seattle, WA 98109	State; Zip Code	
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 ONLY 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; 440 Terry Ave Seattle, WA 98109	State; Zip Code	
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 ONLY 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; 440 Terry Ave Seattle, WA 98109	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/25 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/09/2025	Payee name Anedot Inc.		
Amount (\$) \$4.30	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/11/2025	Payee name Anedot Inc.		
Amount (\$) \$26.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/25 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/13/2025	Payee name Anedot Inc.		
Amount (\$) \$6.10	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/15/2025	Payee name Anedot Inc.		
Amount (\$) \$2.40	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Anedot Inc.	
Amount (\$) \$2.30	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Anedot Inc.	
Amount (\$) \$4.30	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 3723 Greenville Dallas, TX 75206	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/27/2025	Payee name Anedot Inc.		
Amount (\$) \$13.71	Payee address; City; 3723 Greenville Ave Suite 41002 Dallas, TX 75206	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/29/2025	Payee name Anedot Inc.		
Amount (\$) \$4.30	Payee address; City; 3723 Greenville Ave Suite 41002 Dallas, TX 75206	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Cimprey USA, Inc	
Amount (\$) \$370.97	Payee address; City; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/15/2025	Payee name Hatchwise		
Amount (\$) \$134.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/14/2025	Payee name Lone Star Signs		
Amount (\$) \$64.41	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 Tournament sponsorship
Complete ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/11/2025	Payee name Stacy Emerson		
Amount (\$) \$4,200.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/29/2025	Payee name Stacy Emerson		
Amount (\$) \$4,200.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Veritex Bank	
Amount (\$) \$18.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Vista Print	
Amount (\$) \$129.01	Payee address; City; 275 Wyman Avenue 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Vistaprint / Cimpress USA, Inc	Office sought Office held
Date 12/18/2025	Payee name Vistaprint / Cimpress USA, Inc	
Amount (\$) \$10.83	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Vistaprint / Cimpress USA, Inc	Office sought Office held
Date 12/22/2025	Payee name Vistaprint / Cimpress USA, Inc	
Amount (\$) \$851.92	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Vistaprint / Cimpress USA, Inc	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 / Cimpress USA, Inc		
6 Amount (\$) \$10.83	7 Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/17/2025	Payee name Walmart Porter		
Amount (\$) \$15.03	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 09/30/2025	Payee name Wix Payments		
Amount (\$) \$6.10	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/06/2025	Payee name Wix Payments	
Amount (\$) \$5.74	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/10/2025	Payee name Wix Payments	
Amount (\$) \$3.08	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Wix Payments	
Amount (\$) \$5.73	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/19/2025	Payee name Wix Payments	
Amount (\$) \$4.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Wix Payments	
Amount (\$) \$5.73	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/25/2025	Payee name Wix Payments	
Amount (\$) \$14.80	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Wix Payments	
Amount (\$) \$0.59	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Wix Payments	
Amount (\$) \$3.98	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Wix Payments	
Amount (\$) \$1.75	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Wix Payments	
Amount (\$) \$0.84	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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	<input type="checkbox"/> 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