

**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) 00090256	2 Total pages filed: 17		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Kimberly D.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME Kimmie	LAST Ellison	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 6800 Westgate Blvd. Suite 132-163 Austin, TX 78745			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Darcy M.	MI			
	NICKNAME	LAST Douglas	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2243 Bartlett St.  Houston, TX 77098		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (713) 447-1151					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 49		

**GO TO PAGE 2**

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

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

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13 C / OH NAME	Ellison , Kimberly D. (Mrs.)		14 Filer ID (Ethics Commission Filers) 00090256
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 9,320.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 15,197.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 25,623.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**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.

Mrs. Kimberly D. Ellison

\_\_\_\_\_  
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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<b>18 FILER NAME</b> Ellison , Kimberly D. (Mrs.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00090256
<b>20 SCHEDULE SUBTOTALS</b>		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,320.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,197.09
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alm, Nancy	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angeles, Princess	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78744	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arntson, Nels	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78739	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Gayle	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78745	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, David	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Mary	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Downers Grove, IL 60516	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capetillo, Raul	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chung, Choyin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Baltimore, MD 21217	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowden, Christi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Casey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78702	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Eddy	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78736-1819	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Meredith	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78735	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tres	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Mamaroneck, NY 10543	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghafoori, Ahmad	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Texas Cancer Institute
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardwick, Julie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78756-3002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Amadee	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higginbotham, Nicole	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hong, Sinae	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Portland, OR 97219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Marie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78737	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Traci	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyslop, Amanda	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Tiburon, CA 94920	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolink, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78749	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauer, Haryaksha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Williams, AZ 86046	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Van Vleck, TX 77482	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyba, Ferne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollum, Howard	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pawlowski, Dianna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Los Angeles, CA 90016	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickel, Stephanie	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75208	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provost, Shannon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shedd, Jack	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78745	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/17
<b>2</b> FILER NAME Ellison , Kimberly D. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090256
<b>4</b> Date 01/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siciliano, Alison	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20016	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Autumn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78665	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhauser, Annie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78757	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Brian	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78752	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuckfield, Kymberly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Greenville, SC 29615	
Principal occupation / Job title (See Instructions)		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: 1/7 Rpt: 11/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/18/2026	5 Payee name ActBlue	
6 Amount (\$) \$222.26	7 Payee address; City; P.O. Box 441146  Somerville, MA 02144	
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 online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 01/11/2026	Payee name ActBlue	
Amount (\$) \$43.23	Payee address; City; P.O. Box 441146  Somerville, MA 02144	
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 online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 01/04/2026	Payee name ActBlue	
Amount (\$) \$30.98	Payee address; City; P.O. Box 441146  Somerville, MA 02144	
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 online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 2/7 Rpt: 12/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/22/2026	5 Payee name Agency	
6 Amount (\$) \$9,943.92	7 Payee address; City; State; Zip Code 600 East Court Avenue Ste. 160 Des Moines, IL 50309	
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 Direct mail
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/22/2026	Payee name Agency	
Amount (\$) \$699.70	Payee address; City; State; Zip Code 600 East Court Avenue Ste. 160 Des Moines, IL 50309	
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 Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/22/2026	Payee name Facebook	
Amount (\$) \$41.00	Payee address; City; State; Zip Code 1 Hacker 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 Digital advertising
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: 3/7 Rpt: 13/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/13/2026	5 Payee name Facebook	
6 Amount (\$) \$38.00	7 Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 01/12/2026	Payee name Facebook	
Amount (\$) \$35.00	Payee address; City; 1 Hacker 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 Digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 01/09/2026	Payee name Facebook	
Amount (\$) \$32.00	Payee address; City; 1 Hacker 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 Digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	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: 4/7 Rpt: 14/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/08/2026	5 Payee name Facebook	
6 Amount (\$) \$29.00	7 Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/06/2026	Payee name Facebook	
Amount (\$) \$26.00	Payee address; City; 1 Hacker 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 Digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/06/2026	Payee name Facebook	
Amount (\$) \$24.00	Payee address; City; 1 Hacker 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 Digital advertising
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: 5/7 Rpt: 15/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/05/2026	5 Payee name Facebook	
6 Amount (\$) \$22.00	7 Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 01/05/2026	Payee name Facebook	
Amount (\$) \$20.00	Payee address; City; 1 Hacker 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 Digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 01/05/2026	Payee name Facebook	
Amount (\$) \$18.00	Payee address; City; 1 Hacker 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 Digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	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: 6/7 Rpt: 16/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/02/2026	5 Payee name Facebook	
6 Amount (\$) \$16.00	7 Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/02/2026	Payee name Facebook	
Amount (\$) \$14.00	Payee address; City; 1 Hacker 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 Digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/02/2026	Payee name Facebook	
Amount (\$) \$12.00	Payee address; City; 1 Hacker 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 Digital advertising
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: 7/7 Rpt: 17/17	2 FILER NAME Ellison , Kimberly D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090256
4 Date 01/14/2026	5 Payee name Fuentes, Veronica	
6 Amount (\$) \$2,500.00	7 Payee address; City; 220 2nd St. Southeast  Washington, DC 20003	
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 services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name Texas Democratic Party	
Amount (\$) \$1,430.00	Payee address; City; P.O. Box 15707  Austin, TX 78761	
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 Voter file
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held