

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|---------------------------------------|--|---|--|---|---------------------|
| 1 Filer ID 00086453 | | 2 Total pages filed: 54 | | OFFICE USE ONLY | |
| | | | | Date Received ELECTRONICALLY FILED 02/02/2026 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | FIRST The Honorable Staci D. | | Date Hand-delivered or Date Postmarked | |
| | | NICKNAME Childs | | Receipt # _____ | |
| 4 ORIGINAL REPORT TYPE | | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | Amount | |
| | | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | Date Processed | |
| | | <input type="checkbox"/> 30th day before election | <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | Date Imaged | |
| | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 5 ORIGINAL PERIOD COVERED | | Month 07/01/2025 | Day | Year | Month 12/31/2025 |
| | | THROUGH | | | |

6 EXPLANATION OF CORRECTION

This report is amended to include two political contributions that were received in person shortly before I announced my candidacy. These contributions were inadvertently omitted from the original filing due to oversight and not intentional misconduct. One of the contributors notified me of the omission on Wednesday, January 28, after reviewing my filed report. Upon being alerted, I immediately informed my campaign treasurer so the error could be corrected promptly. This amendment is being filed in good faith to ensure full accuracy and transparency in compliance with Texas campaign finance laws.

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.

The Honorable Staci D. Childs

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) 00086453 | 2 Total pages filed: 54 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST The Honorable Staci D. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Childs | 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; 13958 Cottingham Street Unit 10207 Houston, TX 77048 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Ms. | MI | | | |
| | NICKNAME | LAST Bowman | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 1093 Jefferson Ave. East Point , GA 30344 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (404) 558-7637 | | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" 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) State Board Of Education District 4 Harris | | | 12 OFFICE SOUGHT (if known) State Representative District 131 | | |

GO TO PAGE 2

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

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

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Childs, Staci D. (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00086453 |
| 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) | | \$ 21,346.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 45,692.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 17,409.52 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 34,819.04 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 3,926.48 |
| 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.

The Honorable Staci D. Childs

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 Childs, Staci D. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00086453 |
| 20 SCHEDULE SUBTOTALS | | |
| NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 45,692.00 |
| 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 | \$ 34,819.04 |
| 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

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 1/17 Rpt: 5/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Moshood 6 Contributor address; City; State; Zip Code Richmond, TX 77407 | 7 Amount of Contribution (\$) \$100.00 | |
| 8 Principal occupation / Job title (See Instructions) Real Estate Professional | | 9 Employer (See Instructions) Savant Realty Group | |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Brittney Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$50.00 | |
| Principal occupation / Job title (See Instructions) HR Manager | | Employer (See Instructions) Texas Children's Hospital | |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Glen Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$250.00 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self | |
| Date 09/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Derrell Contributor address; City; State; Zip Code Jersey City, NJ 07302 | Amount of Contribution (\$) \$250.00 | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) 50CAN | |
| Date 10/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jaquon Contributor address; City; State; Zip Code Houston, TX 77074 | Amount of Contribution (\$) \$131.00 | |
| Principal occupation / Job title (See Instructions) God serving | | Employer (See Instructions) Life | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/17 Rpt: 6/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 09/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cantella, Chad (Mr.) | 7 Amount of Contribution (\$) \$1,500.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701 | |
| 8 Principal occupation / Job title (See Instructions) Principal | | 9 Employer (See Instructions) Texas Star Alliance |
| Date 10/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clasquin, Lorraine | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code austin, TX 78746 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Coleman, Starlee | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78704 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Texas Charter School Assoc |
| Date 11/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Collins, Eshe | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Atlanta, GA 30331 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Southern Education Foundation |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Collins, Jefferson | Amount of Contribution (\$) \$31.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77029 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/17 Rpt: 7/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Barbara | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Flynn, TX 77855 | |
| 8 Principal occupation / Job title (See Instructions) Executive Director | | 9 Employer (See Instructions) AVID |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullins, Shonda | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77050 | |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) Aldine ISD |
| Date 11/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Racheal | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77049 | |
| Principal occupation / Job title (See Instructions) Administrative Specialist | | Employer (See Instructions) City of Houston Fire Department |
| Date 12/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Daniel | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Brooklyn, NY 11208 | |
| Principal occupation / Job title (See Instructions) Event Operations | | Employer (See Instructions) Compass Group |
| Date 09/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Isaiah | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77048 | |
| Principal occupation / Job title (See Instructions) Case Manager | | Employer (See Instructions) The Star of Hope |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/17 Rpt: 8/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 09/17/2025 | 5 Full name of contributor Davis, Isaiah | 7 Amount of Contribution (\$) \$2,000.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77048 | |
| 8 Principal occupation / Job title (See Instructions) Case Manager | | 9 Employer (See Instructions) The Star of Hope |
| Date 12/10/2025 | Full name of contributor Davis, Isaiah | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77048 | |
| Principal occupation / Job title (See Instructions) Case Manager | | Employer (See Instructions) The Stat of Hope |
| Date 10/31/2025 | Full name of contributor Dickens, Ricca | Amount of Contribution (\$) \$31.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079 | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) The Awty International School |
| Date 12/09/2025 | Full name of contributor Dickson, Courtney | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San antonio, TX 78212 | |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) Lick Honest Ice Creams |
| Date 09/25/2025 | Full name of contributor Dougherty, Lauren | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Spring, TX 77379 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/17 Rpt: 9/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 09/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Brandon | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Atlanta, GA 30316 | |
| 8 Principal occupation / Job title (See Instructions) Consulting | | 9 Employer (See Instructions) Salesforce.com |
| Date 10/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Durrel | Amount of Contribution (\$) \$131.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77004 | |
| Principal occupation / Job title (See Instructions) Field Mgr | | Employer (See Instructions) MoveOn |
| Date 11/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Reality | Amount of Contribution (\$) \$31.00 |
| | Contributor address; City; State; Zip Code Marshall, TX 75670 | |
| Principal occupation / Job title (See Instructions) Clerk | | Employer (See Instructions) Harrison county |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eleby, Joy | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Atlanta, GA 30344 | |
| Principal occupation / Job title (See Instructions) RN | | Employer (See Instructions) Grady Memorial Hospital |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Vanessa | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77027 | |
| Principal occupation / Job title (See Instructions) Paralegal | | Employer (See Instructions) Craft Law Firm P.C. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/17 Rpt: 10/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garel, Kyren | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Clarksburg, MD 20871 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 11/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gendron, Christine | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78721 | |
| Principal occupation / Job title (See Instructions) Director of Strategy | | Employer (See Instructions) CommUnityCare Health Centers |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Daniel | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Pearland, TX 77584 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Karmin-Tia | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Forest Hill, TX 76119 | |
| Principal occupation / Job title (See Instructions) NA | | Employer (See Instructions) NA |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Natalie | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77450 | |
| Principal occupation / Job title (See Instructions) Roader Outreach Coordinator | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/17 Rpt: 11/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Rosalind | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77047 | |
| 8 Principal occupation / Job title (See Instructions) Flight attendant | | 9 Employer (See Instructions) SWA |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Duan Le Quan | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Stone Mountain, GA 30087 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinds, Todd | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77090 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self-Employed |
| Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howerton, Ramon | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77057 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Mo | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78741 | |
| Principal occupation / Job title (See Instructions) Committee Director | | Employer (See Instructions) Texas House of Representatives |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/17 Rpt: 12/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Mo | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78741 | |
| 8 Principal occupation / Job title (See Instructions) Committee Director | | 9 Employer (See Instructions) Texas House of Representatives |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Albert | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Pearland, TX 77584 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Albert Johnson III |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Teresa | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Pearl, MS 39208 | |
| Principal occupation / Job title (See Instructions) Grant writer | | Employer (See Instructions) City of clarksdale |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Colleen | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77025 | |
| Principal occupation / Job title (See Instructions) EdTECH | | Employer (See Instructions) EduSmart |
| Date 09/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, Kymberly | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Bowie, MD 20720 | |
| Principal occupation / Job title (See Instructions) Educational Entrepreneur | | Employer (See Instructions) Kym Kent |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 9/17 Rpt: 13/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Khadijah | 6 Contributor address; City; State; Zip Code Houston, TX 77053-5059 | 7 Amount of Contribution (\$) \$250.00 |
| | 8 Principal occupation / Job title (See Instructions) Attorney | | |
| 9 Employer (See Instructions) LANDER LAW | Date 11/17/2025 | | |
| | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leadership for Educational Equity | Contributor address; City; State; Zip Code Washington, DC 20005 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Political Action Committee | | Employer (See Instructions) | |
| Date 10/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manjee, Abbas | Contributor address; City; State; Zip Code Brooklyn, NY 11233 | Amount of Contribution (\$) \$20.00 |
| | Principal occupation / Job title (See Instructions) Executive | | |
| Employer (See Instructions) Kiddom | | | Date 10/04/2025 |
| Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Matt | Contributor address; City; State; Zip Code Austin, TX 78705 | Amount of Contribution (\$) \$100.00 | |
| Principal occupation / Job title (See Instructions) Founder | | Employer (See Instructions) Modern Minds Communications | |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Alexandria | Contributor address; City; State; Zip Code Atlanta, GA 30310 | Amount of Contribution (\$) \$250.00 |
| | Principal occupation / Job title (See Instructions) Finance Manager | | |
| Employer (See Instructions) The Engine Room | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/17 Rpt: 14/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShine Gregory, Kierra | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Humble, TX 77338 | |
| 8 Principal occupation / Job title (See Instructions) Educator | | 9 Employer (See Instructions) KIPP TEXAS |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Dijon | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77044 | |
| Principal occupation / Job title (See Instructions) Diesel Mechanic | | Employer (See Instructions) Statewide services |
| Date 11/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan, Scott | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Silver Spring, MD 20910 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickle, Owen | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76120 | |
| Principal occupation / Job title (See Instructions) Financial Advisor | | Employer (See Instructions) Vanguard Investment Group |
| Date 12/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwaogu, Joanne | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77053 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Nwaogu Law Firm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/17 Rpt: 15/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojeda, Nancy | 7 Amount of Contribution (\$) \$31.00 |
| | 6 Contributor address; City; State; Zip Code La Porte, TX 77571 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Jose | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Mission, TX 78572 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Jose Olivarez |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oronsaye, Omosede | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77081 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self employed |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC, Legacy 44 | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78756 | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass, Jamila | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code Atlanta, GA 30331 | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) KIPP Atlanta Schools |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/17 Rpt: 16/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preer, Yernia | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Atlanta, GA 30318 | |
| 8 Principal occupation / Job title (See Instructions) School Administrator | | 9 Employer (See Instructions) Atlanta Achievers Academy |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Matthew (Mr.) | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) Texas Star Alliance |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Edwin | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77092 | |
| Principal occupation / Job title (See Instructions) Salesman | | Employer (See Instructions) Harrisburg Pawn |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Daniel | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code West Hollywood, CA 90046 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) JNJ |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashley | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Rossharon, TX 77583 | |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) YES Prep Public Schools |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/17 Rpt: 17/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 09/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tameka | 7 Amount of Contribution (\$) \$2.00 |
| | 6 Contributor address; City; State; Zip Code Duncanville, TX 75116 | |
| 8 Principal occupation / Job title (See Instructions) sub -teacher | | 9 Employer (See Instructions) DISD |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tameka | Amount of Contribution (\$) \$2.00 |
| | Contributor address; City; State; Zip Code Duncanville, TX 75116 | |
| Principal occupation / Job title (See Instructions) sub -teacher | | Employer (See Instructions) DISD |
| Date 11/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tameka | Amount of Contribution (\$) \$2.00 |
| | Contributor address; City; State; Zip Code Duncanville, TX 75116 | |
| Principal occupation / Job title (See Instructions) sub -teacher | | Employer (See Instructions) DISD |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soora, Karthik | Amount of Contribution (\$) \$201.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77007 | |
| Principal occupation / Job title (See Instructions) Pattern Energy | | Employer (See Instructions) Associate |
| Date 10/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Gwendolyn | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77396 | |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) HoustonISD |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/17 Rpt: 18/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Gwendolyn | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Humble, TX 77396 | |
| 8 Principal occupation / Job title (See Instructions) Educator | | 9 Employer (See Instructions) HoustonISD |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Gwendolyn | Amount of Contribution (\$) \$131.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77396 | |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) HoustonISD |
| Date 12/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Gwendolyn | Amount of Contribution (\$) \$131.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77396 | |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) HoustonISD |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talarico, James | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78710 | |
| Principal occupation / Job title (See Instructions) State Rep | | Employer (See Instructions) Texas House of Representatives |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talarico, Mark & Tamara | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78728 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/17 Rpt: 19/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tang, Diana | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code HOUSTON, TX 77004 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Self-Employed |
| Date 12/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Kaylan | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77096 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Inhouse |
| Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Alexius | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77047 | |
| Principal occupation / Job title (See Instructions) Curriculum Lead | | Employer (See Instructions) Gradient Learning |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Tashiana | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77051 | |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) Beatrice Mayes Institute |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verhofstad, Selene | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Pasadena, TX 77505 | |
| Principal occupation / Job title (See Instructions) Fellow | | Employer (See Instructions) LEE |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/17 Rpt: 20/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Maxine 6 Contributor address; City; State; Zip Code Houston, TX 77014 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Maxine Wiggins | | 9 Employer (See Instructions) Maxine Wiggins |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Denisea Contributor address; City; State; Zip Code Houston, TX 77047 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lawrence Contributor address; City; State; Zip Code Hartford, CT 06106 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Section Chief | | Employer (See Instructions) State of Connecticut department of Public Health |
| Date 11/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lawrence Contributor address; City; State; Zip Code Hartford, CT 06106 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Health Equity Director | | Employer (See Instructions) |
| Date 11/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Melanie Contributor address; City; State; Zip Code Houston, TX 77051-1854 | Amount of Contribution (\$) \$131.00 |
| Principal occupation / Job title (See Instructions) Director or Operations | | Employer (See Instructions) Houston Land Bank |
| | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/17 Rpt: 21/54 |
| 2 FILER NAME Childs, Staci D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lewis, Teleasecia 6 Contributor address; City; State; Zip Code Charlotte, NC 28273 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Program Manager | | 9 Employer (See Instructions) Zillow Group |

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: 1/33 Rpt: 22/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/17/2025 | 5 Payee name 6501 airport blvd | |
| 6 Amount (\$) \$803.00 | 7 Payee address; City; State; Zip Code 6501 airport blvd Austin, TX 78752 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 payment to file for state rep and donation to the Texas Democratic Party |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/01/2025 | Payee name ATM | |
| Amount (\$) \$203.00 | Payee address; City; State; Zip Code 3100 FM 2920 C Waller, TX 77484 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 to staff (selene) for supplies |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/23/2025 | Payee name Aericasa | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 708 Telephone Rd C Houston, TX 77023 | |
| 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 payment for christmas text blast |
| 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: 2/33 Rpt: 23/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/01/2025 | 5 Payee name Aga's Restaurant | |
| 6 Amount (\$) \$153.46 | 7 Payee address; City; 11842 Wilcrest Dr Houston, TX 77031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 sunday campaign meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/29/2025 | Payee name Amazon | |
| Amount (\$) \$177.51 | Payee address; City; 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for road sign Tposts |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name Apple | |
| Amount (\$) \$75.77 | Payee address; City; One Apple Park Way Cupertino, CA 95014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 technology for campaign |
| 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: 3/33 Rpt: 24/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/12/2025 | 5 Payee name Black Heritage Gala | |
| 6 Amount (\$) \$360.00 | 7 Payee address; City; Online Houston, TX 77201 | 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 campaign presence (payment for tickets) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name CVS | Office sought Office held |
| Date 09/30/2025 | Payee name CVS | |
| Amount (\$) \$139.83 | Payee address; City; 402 Gray St Houston, TX 77002 | State; Zip Code |
| 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 Campaign Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Chimney Rock Road Food | Office sought Office held |
| Date 12/19/2025 | Payee name Chimney Rock Road Food | |
| Amount (\$) \$61.00 | Payee address; City; 2829 Chimney Rock Road Houston, TX 77056 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for staff |
| 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: 4/33 Rpt: 25/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 09/29/2025 | 5 Payee name Chop'n blok | |
| 6 Amount (\$) \$26.28 | 7 Payee address; City; State; Zip Code 401 Franklin St Suite A Houston, TX 77201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff Meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Chop'n blok | Office sought Office held |
| Date 09/29/2025 | Payee name Chop'n blok | |
| Amount (\$) \$60.26 | Payee address; City; State; Zip Code 401 Franklin St Suite A Houston, TX 77201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff Meeting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Chop'n blok | Office sought Office held |
| Date 10/01/2025 | Payee name Chop'n blok | |
| Amount (\$) \$8.98 | Payee address; City; State; Zip Code 401 Franklin St Suite A Houston, TX 77201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food fo campaign staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Chop'n blok | 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.

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| 1 Total pages Schedule F1: Sch: 5/33 Rpt: 26/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/01/2025 | 5 Payee name Chop'n blok | |
| 6 Amount (\$) \$109.01 | 7 Payee address; City; 401 Franklin St Suite A Houston, TX 77201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for campaign staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Chop'n blok | Office sought Office held |
| Date 10/07/2025 | Payee name Chop'n blok | |
| Amount (\$) \$75.03 | Payee address; City; 401 Franklin St Suite A Houston, TX 77201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 staff lunch |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Circle K | Office sought Office held |
| Date 11/24/2025 | Payee name Circle K | |
| Amount (\$) \$50.24 | Payee address; City; 1816 Shepherd Dr. Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas for travel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Circle K | 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: 6/33 Rpt: 27/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/24/2025 | 5 Payee name Costco | |
| 6 Amount (\$) \$62.75 | 7 Payee address; City; State; Zip Code 1150 Bunker Hill Rd Houston, TX 77055 | |
| 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 supplies for christmas event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/24/2025 | Payee name Costco | |
| Amount (\$) \$165.51 | Payee address; City; State; Zip Code 1150 Bunker Hill Rd Houston, TX 77055 | |
| 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 supplies for christmas event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/29/2025 | Payee name Crawfish Cafe | |
| Amount (\$) \$111.59 | Payee address; City; State; Zip Code 1026 N Shepherd Dr Houston, TX 77008 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for campaign staff |
| 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: 7/33 Rpt: 28/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/15/2025 | 5 Payee name Davida Elmore | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; 4106 Old Arbor Way Humble, TX 77346 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/02/2025 | Payee name Deltacon Global | |
| Amount (\$) \$180.00 | Payee address; City; 12808 W Airport Blvd Suite 224 Sugar Land, TX 77478 | |
| 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 security during campaign launch event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name Eli McAdam | |
| Amount (\$) \$270.00 | Payee address; City; 4641 Montrose Blvd Apt 523 Houston, TX 77006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 payment for phonebanking |
| 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: 8/33 Rpt: 29/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/30/2025 | 5 Payee name Eryon McCary | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; 5633 belcrest street Houston, TX 77033 | |
| 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 payment for sign placement |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Eryon McCary | Office sought Office held |
| Date 12/31/2025 | Payee name Eryon McCary | |
| Amount (\$) \$100.00 | Payee address; City; 5633 belcrest street Houston, TX 77033 | |
| 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 payment for sign placement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Eryon McCary | Office sought Office held |
| Date 12/19/2025 | Payee name Eryon McCary | |
| Amount (\$) \$100.00 | Payee address; City; 5633 belcrest street Houston, TX 77033 | |
| 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 payment for sign placement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Eryon McCary | 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: 9/33 Rpt: 30/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/16/2025 | 5 Payee name Evite | |
| 6 Amount (\$) \$106.58 | 7 Payee address; City; Online Houston, TX 77201 | |
| 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 for campaign emails |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/05/2025 | Payee name Federal American Grill | |
| Amount (\$) \$245.72 | Payee address; City; 510 Shepherd Dr Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 staff lunch |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/16/2025 | Payee name Felicia Harris | |
| Amount (\$) \$150.00 | Payee address; City; 1 Main St Houston, TX 77002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (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 staff |
| 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: 10/33 Rpt: 31/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/26/2025 | 5 Payee name Fuel Depot | |
| 6 Amount (\$) \$40.00 | 7 Payee address; City; State; Zip Code 1514 White Oak Dr Houston, TX 77009 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas for travel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/08/2025 | Payee name Ginger Mule | |
| Amount (\$) \$51.31 | Payee address; City; State; Zip Code 449 W 19th St Suite C200 Houston, TX 77008 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 staff lunch |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/03/2025 | Payee name HEB | |
| Amount (\$) \$93.18 | Payee address; City; State; Zip Code 3663 Washington Ave Suite 100 Houston, TX 77007 | |
| 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 items for campaign launch |
| 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: 11/33 Rpt: 32/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/08/2025 | 5 Payee name Honey Farms | |
| 6 Amount (\$) \$41.07 | 7 Payee address; City; 21103 Tomball Pkwy Houston, TX 77070 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas for campaign travle |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/08/2025 | Payee name Houston Black American Democrats | |
| Amount (\$) \$50.00 | Payee address; City; PO Box 88374 Houston, TX 77288 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contirbution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/01/2025 | Payee name Juiceland | |
| Amount (\$) \$87.77 | Payee address; City; 3206 Whote Oak Dr Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 for campaign staff |
| 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: 12/33 Rpt: 33/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/14/2025 | 5 Payee name Just Falafel | |
| 6 Amount (\$) \$89.78 | 7 Payee address; City; 2111 W Loop Houston, TX 77027 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for campaign staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/16/2025 | Payee name Just Falafel | |
| Amount (\$) \$96.14 | Payee address; City; 2111 W Loop Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for campaign staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/31/2025 | Payee name Just Falafel | |
| Amount (\$) \$63.00 | Payee address; City; 2111 W Loop Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for campaign staff |
| 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: 13/33 Rpt: 34/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/25/2025 | 5 Payee name Kiara Collins | |
| 6 Amount (\$) \$175.00 | 7 Payee address; City; State; Zip Code 12046 Pia Drive Houston, TX 77044 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 for campaign staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/24/2025 | Payee name Kiara Collins | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 12046 Pia Drive Houston, TX 77044 | |
| 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 payment for sign placement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/22/2025 | Payee name Kiara Collins | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 12046 Pia Drive Houston, TX 77044 | |
| 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 payment for sign placement |
| 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: 14/33 Rpt: 35/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/31/2025 | 5 Payee name Kiara Collins | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 12046 Pia Drive Houston, TX 77044 | |
| 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 payment for sign placement |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/03/2025 | Payee name Leadership for Educational Equity | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 800 N. King Street Suite 304-4181 Wilmington, DE 19801 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website and media training |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/17/2025 | Payee name Lekeisha Rabsatt | |
| Amount (\$) \$75.00 | Payee address; City; State; Zip Code 1 Main St Houston, TX 77002 | |
| 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 payment for campaign staff |
| 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: 15/33 Rpt: 36/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 | |
| 4 Date 10/21/2025 | 5 Payee name Lyon's Supermarket | | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; 3317 Lyond Ave Houston, TX 77020 | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 cases and cases of water | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/02/2025 | Payee name M3 Graphics | | |
| Amount (\$) \$438.41 | Payee address; City; 11730 Wilcrest Dr Houston, TX 77099 | 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 for flyers and yard signs | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/12/2025 | Payee name M3 Graphics | | |
| Amount (\$) \$912.50 | Payee address; City; 11730 Willcrest DR Houston, TX 77099 | 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 payment for campaign tshirts | |
| 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: 16/33 Rpt: 37/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/05/2025 | 5 Payee name M3 Graphics | |
| 6 Amount (\$) \$389.06 | 7 Payee address; City; 11730 Willcrest DR Houston, TX 77099 | |
| 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 GRAPHICS AND SIGNS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Malcolm Martin (Tarah Taylor) | Office sought Office held |
| Date 11/20/2025 | Payee name Malcolm Martin (Tarah Taylor) | |
| Amount (\$) \$250.00 | Payee address; City; 2505 Washington Ave Apt 231 Houston, TX 77077 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 to Tarah Taylor |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Malcolm Martin (Tarah Taylor) | Office sought Office held |
| Date 12/17/2025 | Payee name Malcolm Martin (Tarah Taylor) | |
| Amount (\$) \$380.00 | Payee address; City; 2505 Washington Ave Apt 231 Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 staff tarah taylor |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Malcolm Martin (Tarah Taylor) | 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: 17/33 Rpt: 38/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/31/2025 | 5 Payee name Malcolm Martin (Tarah Taylor) | |
| 6 Amount (\$) \$370.00 | 7 Payee address; City; 2505 Washington Ave Apt 231 Houston, TX 77007 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 for campaign staff (tarah taylor) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/30/2025 | Payee name Mia Make Meal | |
| Amount (\$) \$300.00 | Payee address; City; 14310 Castlereagh Dr Houston, TX 77045-6252 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 payment to caterer for fundraiser |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/25/2025 | Payee name Mia Makes Meal (Mia Hall) | |
| Amount (\$) \$205.00 | Payee address; City; 14310 Castlereagh Dr Houston, TX 77045-6252 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 payment to caterer for phone bank |
| 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: 18/33 Rpt: 39/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/24/2025 | 5 Payee name Mikki's Soulfood | |
| 6 Amount (\$) \$41.89 | 7 Payee address; City; 10500 W Belfort Ave Houston, TX 77031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Sweaters and Soulfood Event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/24/2025 | Payee name Mikki's Soulfood | |
| Amount (\$) \$12.88 | Payee address; City; 10500 W Belfort Ave Houston, TX 77031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Sweaters and Soulfood Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/24/2025 | Payee name Mikki's Soulfood | |
| Amount (\$) \$260.54 | Payee address; City; 10500 W Belfort Ave Houston, TX 77031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Sweaters and Soulfood Event |
| 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: 19/33 Rpt: 40/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/24/2025 | 5 Payee name Mikki's Soulfood | |
| 6 Amount (\$) \$151.59 | 7 Payee address; City; 10500 W Belfort Ave Houston, TX 77031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Sweaters and Soulfood Event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/15/2025 | Payee name Morgan Elmore | |
| Amount (\$) \$600.00 | Payee address; City; 4106 Old Arbor Way Humble, TX 77346 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (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 staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/08/2025 | Payee name OShotYou Flimz | |
| Amount (\$) \$150.00 | Payee address; City; Online Houston, TX 77201 | |
| 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 video for campaign |
| 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: 20/33 Rpt: 41/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/10/2025 | 5 Payee name OShotYou Flimz | |
| 6 Amount (\$) \$150.00 | 7 Payee address; City; Online Houston, TX 77201 | |
| 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 video for campaign |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/31/2025 | Payee name OShotYou Flimz | |
| Amount (\$) \$150.00 | Payee address; City; Online Houston, TX 77201 | |
| 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 video |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/23/2025 | Payee name Office Depot/MAX | |
| Amount (\$) \$156.46 | Payee address; City; 1576 W Gray St Houston, TX 77019 | |
| 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 Supplies for Event |
| 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: 21/33 Rpt: 42/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 | |
| 4 Date 09/23/2025 | 5 Payee name Office Depot/MAX | | |
| 6 Amount (\$) \$156.46 | 7 Payee address; City; 1576 W Gray St Houston, TX 77019 | | |
| 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 Supplies for Event | |
| 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 09/24/2025 | Payee name OshotYou Flimz | | |
| Amount (\$) \$200.00 | Payee address; City; Online Houston, TX 77201 | | |
| 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 payment for video | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office sought | Office held Office held |
| Date 11/21/2025 | Payee name Perla's | | |
| Amount (\$) \$151.46 | Payee address; City; 1400 S Congress Ave Austin, TX 78704 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for staff | |
| 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: 22/33 Rpt: 43/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 | |
| 4 Date 11/21/2025 | 5 Payee name Phobe's | | |
| 6 Amount (\$) \$52.76 | 7 Payee address; City; State; Zip Code 408 W 11th St Austin, TX 78701 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for staff | |
| 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 12/01/2025 | Payee name Road Women | | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 2300 Ella Blvd Houston, TX 77008 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contirbution | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office sought | Office held Office held |
| Date 11/28/2025 | Payee name Robocent | | |
| Amount (\$) \$1,029.00 | Payee address; City; State; Zip Code 2129 General Booth Blvd Virginia Beach, VA 23454 | | |
| 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 text blast to voters | |
| 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: 23/33 Rpt: 44/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/06/2025 | 5 Payee name Run Sister Run | |
| 6 Amount (\$) \$61.50 | 7 Payee address; City; P.O. Box 66470 Houston, TX 77266 | |
| 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 campaign presence |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/20/2025 | Payee name Shell Oil | |
| Amount (\$) \$39.59 | Payee address; City; 2100 Hamilton St Houston, TX 77003 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 gas |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/10/2025 | Payee name Snooze | |
| Amount (\$) \$82.75 | Payee address; City; 3217 montrose Blvd Suite 100 Houston, TX 77006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for staff after 5k |
| 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: 24/33 Rpt: 45/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/08/2025 | 5 Payee name Southwest Airlines | |
| 6 Amount (\$) \$162.95 | 7 Payee address; City; 2702 Love Field Dallas, TX 75235 | |
| 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 for flight to fundraiser |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/08/2025 | Payee name Southwest Airlines | |
| Amount (\$) \$162.95 | Payee address; City; 2702 Love Field Dallas, TX 75235 | |
| 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 for flight to fundraiser |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/06/2025 | Payee name T-mobile | |
| Amount (\$) \$21.64 | Payee address; City; 3902 Koehler St Ste 200 Houston, TX 77007 | |
| 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 for staff during 5k run |
| 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: 25/33 Rpt: 46/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/06/2025 | 5 Payee name TST soto | |
| 6 Amount (\$) \$183.20 | 7 Payee address; City; State; Zip Code 224 Westheimer Rd Houston, TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 dinner |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/17/2025 | Payee name Texas Democratic Party | |
| Amount (\$) \$740.00 | Payee address; City; State; Zip Code 1408 E. Cesar Chavez St Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 for VoteBuilder Software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/26/2025 | Payee name The Art Group | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code Online Houston, TX 77002 | |
| 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 payment for event videography |
| 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: 26/33 Rpt: 47/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 11/05/2025 | 5 Payee name The Creator's Guild | |
| 6 Amount (\$) \$175.00 | 7 Payee address; City; 4500 Park Granada Calabasas, CA 91302 | |
| 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 podcast on campaign |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/10/2025 | Payee name The Creator's Guild | |
| Amount (\$) \$175.00 | Payee address; City; 4500 Park Granada Calabasas, CA 91302 | |
| 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 podcast for campaign |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/22/2025 | Payee name The Home Depot | |
| Amount (\$) \$103.22 | Payee address; City; 13400 Market St Houston, TX 77015 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 supplies for road 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: 27/33 Rpt: 48/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/28/2025 | 5 Payee name The Home Depot | |
| 6 Amount (\$) \$38.92 | 7 Payee address; City; 13400 Market St Houston, TX 77015 | |
| 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 payment for sign placement supplies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name The Political Group | |
| Amount (\$) \$375.00 | Payee address; City; P.O. Box 29693 San Antonio, TX 78229 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 payment for professional phonebank |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/06/2025 | Payee name Three Palm Action | |
| Amount (\$) \$20.00 | Payee address; City; 15100 Interstate 45 S Conre, TX 77384 | |
| 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 campaign presence |
| 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: 28/33 Rpt: 49/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/24/2025 | 5 Payee name USPS | |
| 6 Amount (\$) \$153.02 | 7 Payee address; City; 1500 Hadley St Houston, TX 77002 | |
| 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 sending campaign shirts |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/01/2025 | Payee name VIP NATION | |
| Amount (\$) \$75.00 | Payee address; City; 9348 Civic Center Dr Beverly Hills, CA 90210 | |
| 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 for 5k entry |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/05/2025 | Payee name VIP NATION | |
| Amount (\$) \$75.00 | Payee address; City; 9348 Civic Center Dr Beverly Hills, CA 90210 | |
| 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 for 5k entry |
| 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: 29/33 Rpt: 50/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/29/2025 | 5 Payee name Walmart | |
| 6 Amount (\$) \$92.14 | 7 Payee address; City; 111 Yale St Houston, TX 77007 | |
| 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 for yard sign stakes (campaign) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Wix | Office sought Office held |
| Date 10/14/2025 | Payee name Wix | |
| Amount (\$) \$36.37 | Payee address; City; Online Houston, TX 77201 | |
| 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 website for campaign |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Wix | Office sought Office held |
| Date 10/17/2025 | Payee name Wix | |
| Amount (\$) \$49.79 | Payee address; City; Online Houston, TX 77201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 monthly subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Wix | 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: 30/33 Rpt: 51/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 12/10/2025 | 5 Payee name Wix | |
| 6 Amount (\$) \$36.37 | 7 Payee address; City; Online Houston, TX 77201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 for monthly subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/24/2025 | Payee name Yu's Garden | |
| Amount (\$) \$40.15 | Payee address; City; 5866 San Felipe St Houston, TX 77057 | |
| 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 Campaign Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/10/2025 | Payee name air bnb | |
| Amount (\$) \$284.66 | Payee address; City; 888 Brannan Street San Francisco, CA 94103 | |
| 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 for campaign fundraiser |
| 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: 31/33 Rpt: 52/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/06/2025 | 5 Payee name crafty crab | |
| 6 Amount (\$) \$73.95 | 7 Payee address; City; State; Zip Code 11328 Westheimer Rd Houston, TX 77077 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for staff before launch |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/29/2025 | Payee name kroger fuel | |
| Amount (\$) \$25.90 | Payee address; City; State; Zip Code 1440 Studemont St Houston, TX 77007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/08/2025 | Payee name oshotYou Flimz | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code Online Houston, TX 77201 | |
| 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 payment for video |
| 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: 32/33 Rpt: 53/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 | |
| 4 Date 11/19/2025 | 5 Payee name pappa's | | |
| 6 Amount (\$) \$191.54 | 7 Payee address; City; 5839 Westheimer Rd Houston, TX 77057 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food for staff in austin | |
| 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 10/14/2025 | Payee name robocent | | |
| Amount (\$) \$150.00 | Payee address; City; 2129 General Booth Blvd Virginia Beach, VA 23454 | | |
| 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 for texting voters | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Candidate/Officeholder name | Office sought Office sought | Office held Office held |
| Date 11/05/2025 | Payee name robocent | | |
| Amount (\$) \$73.20 | Payee address; City; 2129 General Booth Blvd Virginia Beach, VA 23454 | | |
| 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 for text blasts | |
| 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: 33/33 Rpt: 54/54 | 2 FILER NAME Childs, Staci D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086453 |
| 4 Date 10/03/2025 | 5 Payee name rockin robin | |
| 6 Amount (\$) \$64.04 | 7 Payee address; City; 3619 S Shepherd Dr Houston, TX 77098 | |
| 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 for speeches during launch |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/01/2025 | Payee name san felipe at 610 | |
| Amount (\$) \$40.00 | Payee address; City; 4520 San Felipe Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/02/2025 | Payee name velvet taco | |
| Amount (\$) \$40.89 | Payee address; City; 3411 McKinney Ave Dallas, TX 75204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food fo campaign staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |