

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) 00089876	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kate	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026
	NICKNAME	LAST Lincoln-Goldfinch	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2202 Colgate Lane Austin, TX 78723			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joe	MI MI	
	NICKNAME	LAST Pachuca	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5524 Bee Caves Road #13 Austin, TX 78746			
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 817-3245	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/23/2026	THROUGH		Month Day Year 02/21/2026
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 50	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Lincoln-Goldfinch, Kate (Ms.) **14 Filer ID** (Ethics Commission Filers)
00089876

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,570.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	40,958.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,145.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	58,628.01

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.

Ms. Kate Lincoln-Goldfinch

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 Lincoln-Goldfinch, Kate (Ms.)		19 Filer ID 00089876	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	8,570.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	33,628.01
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	40,958.58
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: 1/7 Rpt: 4/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banning, Kay 6 Contributor address; City; State; Zip Code Del Valle, TX 78617	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Indexer		9 Employer (See Instructions) Self Employed
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Melissa Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Entertainer		Employer (See Instructions) Self Employed
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova, Cecilia Contributor address; City; State; Zip Code Mustang Ridge, TX 78610	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) All pro hospitality
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, Karen Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) UT
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Elizabeth Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Los Santos, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self employed
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeNoon, Marie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grower Rep		Employer (See Instructions) Johnnys selected seeds
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Kacy <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dudley Law, PLLC
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunnam, Valerie <hr/> Contributor address; City; State; Zip Code Bryan, TX 77803	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dental hygienist		Employer (See Instructions) Cashion Dental
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dusatko, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Head Coach		Employer (See Instructions) Orangetheory Fitness

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Shannon <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92008	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Immigration lawyer		9 Employer (See Instructions) DYADlaw, P.C.
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78728	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) project coordinator		Employer (See Instructions) UT Health Science Center San Antonio
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esposito, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Blue Moon Software
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Geoff <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Cintra
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Stan <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$36.00
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: 4/7 Rpt: 7/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Lucy <hr/> 6 Contributor address; City; State; Zip Code Manchaca, TX 78652	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Chappell, Cristina <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pastrana & Garcia
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graf, Ted <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Headwaters School
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey Anderson, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickey, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
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: 5/7 Rpt: 8/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones-Dilworth, Josh <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) JDI
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellen, Jim <hr/> Contributor address; City; State; Zip Code Valley Springs, CA 95252	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Almost Illegal Ads
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Bonnie <hr/> Contributor address; City; State; Zip Code Broomfield, CO 80020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maud, Kaitlin <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self Employed
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxey, Cody <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Sound physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Joshua	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Austin, TX 78723		
8 Principal occupation / Job title (See Instructions) Senior Advisor		9 Employer (See Instructions) Lincoln Goldfinch Law
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Daniel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78727		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Headwaters School
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Carlos	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TSL
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sariol, Teresa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Dewi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) Sr. Manager		Employer (See Instructions) Quo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$4,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Laurel <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrep, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/16
2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)		3 Filer ID (Ethics Commission Filers) 00089876
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/05/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lincoln-Goldfinch, Kate	9 Loan Amount (\$) \$33,628.01
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Austin, TX 78723	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Lincoln-Goldfinch Law
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 12/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/06/2026	5 Payee name Delgado, Bertha	
6 Amount (\$) \$3,200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field consulting fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/05/2026	Payee name Duarte, Hilda	
Amount (\$) \$524.20	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/16/2026	Payee name Duarte, Hilda	
Amount (\$) \$647.26	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite , TX 75149	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 13/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
4 Date 02/04/2026	5 Payee name Dulce, Mercedes	
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cuidad de Villa de Alvarez Colima 28974 Mexico	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vendor fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2026	Payee name Emerson, William	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Financial consulting fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2026	Payee name Goss, Delwin	
Amount (\$) \$365.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78741	
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 Sign placement fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 14/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
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4 Date 02/05/2026	5 Payee name Goss, Delwin
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6 Amount (\$) \$3,650.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78741
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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 Sign advertising fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2026	Payee name HSG Campaigns
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Amount (\$) \$20,246.12	Payee address; City; State; Zip Code 202 S Lake Ave Suite 240 Pasadena, CA 91101
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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 Mailed advertising expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name Numero
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Amount (\$) \$960.00	Payee address; City; State; Zip Code 695 Town Center Drive Suite 1100 Costa Mesa, CA 92626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/5 Rpt: 15/16	2	FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3	Filer ID (Ethics Commission Filers) 00089876
4	Date 02/02/2026	5	Payee name PNC Bank		
6	Amount (\$) \$185.00	7	Payee address; City; State; Zip Code PO Box 609 Pittsburgh, PA 15230		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly banking service fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/23/2026		Payee name Powers Interactive		
	Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/04/2026		Payee name Powers Interactive		
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 16/16	2 FILER NAME Lincoln-Goldfinch, Kate (Ms.)	3 Filer ID (Ethics Commission Filers) 00089876
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4 Date 02/17/2026	5 Payee name Powers Interactive
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6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 16192 Coastal Hwy Lewes, DE 19958
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2026	Payee name The Austin Chronicle
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Amount (\$) \$861.00	Payee address; City; State; Zip Code 1000 E 40th St Austin, TX 78751
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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