

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00090444	<b>2</b> Total pages filed: 8				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Nicole S.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME Nikki	LAST King	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 02/23/2026		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 40514 Goldeneye Place  Magnolia , TX 77354			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Whitney D.	MI				
	NICKNAME	LAST Burrell	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12441 FM 50  Brenham, TX 77833						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(832)	475-6270					
<b>8</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	23	2026		02	21	2026
<b>10</b> 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			
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 3 Montgomery			<b>12</b> OFFICE SOUGHT (if known) State Representative District 3			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> King , Nicole S. (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00090444
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 626.45
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 360.28
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Nicole S. King  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> King , Nicole S. (Mrs.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00090444
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
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	\$ 448.45
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 178.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/8
<b>2</b> FILER NAME King , Nicole S. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090444
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Ciara (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	
<b>8</b> Principal occupation / Job title (See Instructions) Leasing Consultant		<b>9</b> Employer (See Instructions) Kairoi Residential
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Becoate , Lenora (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Columbia , MD 21045	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burrell, Whitney (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brenham, TX 77833	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) GMC Consultants, LLC
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis , Craig (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Baltimore , MD 21236	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Santiago , Paula (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sharon, MA 02067	
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Paula De Santiago

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
<b>2</b> FILER NAME King , Nicole S. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090444
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford , Tinna (Ms.)	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  houston, TX 77047		
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Williams Companies
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graf , James (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  The Woodlands , TX 77382		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Graf Acquisition Corp.
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson , Cheryl (Major)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Edgewood , MD 21040		
Principal occupation / Job title (See Instructions) Corrections		Employer (See Instructions) Department of Public Safety and Correctional Services
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones , Shanee (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Waldorf , MD 20601		
Principal occupation / Job title (See Instructions) Correctional Officer		Employer (See Instructions) Department of Public Safety and Correctional Services
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGowen, Sharon (Ms.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Houston, TX 77066		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Methodist Hospital

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
<b>2</b> FILER NAME King , Nicole S. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090444
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin , Jamie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Clinton, MD 20735	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Assistant		<b>9</b> Employer (See Instructions) FAA

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/8	<b>2</b> FILER NAME King , Nicole S. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090444
<b>4</b> Date 02/04/2026	<b>5</b> Payee name Chammps Sports	
<b>6</b> Amount (\$) \$34.66	<b>7</b> Payee address; City; State; Zip Code 1250 Willowbrook Mall  Houston, TX 77070	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts (physical shirts)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2026	Payee name Office Depot	
Amount (\$) \$56.29	Payee address; City; State; Zip Code 32954 FM 2978 Suite 500 Magnolia , TX 77354	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lawn Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2026	Payee name Texas Democratic Party	
Amount (\$) \$357.50	Payee address; City; State; Zip Code 314 Highland Blvd  Austin, TX 78752	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Voter Data	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Texas VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 8/8	<b>2</b> FILER NAME King , Nicole S. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090444
<b>4</b> Date 02/04/2026	<b>5</b> Payee name Custom T Shirt 2020	
<b>6</b> Amount (\$) \$178.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2000 Willowbrook Mall  Houston, TX 77060	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tshirts(Printing)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held