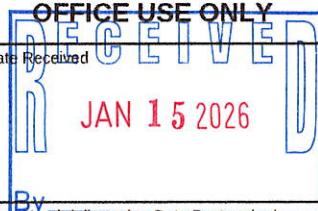


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

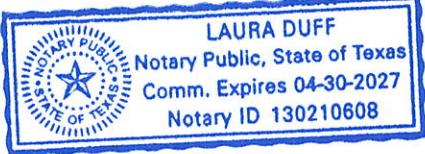
|   |  |                    |             |  |        |      |
|---|--|--------------------|-------------|--|--------|------|
| The C/OH Instruction Guide explains how to complete this form.  |  |                    | 1 Filer ID  | 2 Total pages filed:<br>11   |        |      |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Mrs.  | FIRST<br>Katherine | MI          | <b>OFFICE USE ONLY</b><br><br>Date Received<br>By   |        |      |
|   | NICKNAME<br>Katey  | LAST<br>Nelson     | SUFFIX      |  |        |      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>100 Pine St.<br><br>Shepherd, TX 77371   |                    |             | ZIP CODE   |        |      |
|   |  |                    |             | Date Hand-delivered or Date Postmarked   |        |      |
|   |  |                    |             | Receipt #  | Amount |      |
|   |  |                    |             | Date Processed   |        |      |
|   |  |                    | Date Imaged |  |        |      |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mr.   | FIRST<br>Joshua    | MI          | A  |        |      |
|   | NICKNAME<br>Josh   | LAST<br>Nelson     | SUFFIX      |  |        |      |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);<br>100 Pine St.<br><br>Shepherd, TX 77371   |                    |             |  |        |      |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br>(936) 328-4163  | PHONE NUMBER       | EXTENSION   |  |        |      |
| 8 REPORT<br>TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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<br>COVERED   | Month<br>07/01/2025  | Day                | Year        | Month<br>12/31/2025  | Day    | Year |
| 10 ELECTION   | Month<br>03/03/2026  | Day                | Year        | ELECTION DATE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |        |      |
| 11 OFFICE   | OFFICE HELD (if any)<br>None San Jacinto   |                    |             | 12 OFFICE SOUGHT (if known)<br>San Jacinto County District Clerk   |        |      |

GO TO PAGE 2

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

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

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|   |   |  |             |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
|---|---|--|-------------|---|----------------|----------------|--|----------------------------------|--|--|-----------------------------------|-------------------|--|--|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME  | Nelson, Katherine   |  | 14 Filer ID |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
| 15 NOTICE FROM POLITICAL COMMITTEE(S)   | <p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |             | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |  | <input type="checkbox"/> GENERAL |  |  | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |  |  | COMMITTEE CAMPAIGN TREASURER NAME |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE  | COMMITTEE NAME   |             |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
|   | <input type="checkbox"/> GENERAL  |  |             |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
|   | <input type="checkbox"/> SPECIFIC   | 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)  |  | \$ 4,481.64 |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
| EXPENDITURE TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  | \$ 0.00     |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
|   | 4. TOTAL POLITICAL EXPENDITURES   |  | \$ 4,598.80 |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
| CONTRIBUTION BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  |  | \$ 1017.53  |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
| OUTSTANDING LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   |  | \$ 0.00     |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
| 17 AFFIDAVIT  |   |  |             |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
|    |   | <p>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.</p> <p><u>Katherine B. Nelson</u><br/>Signature of Candidate or Officeholder</p> |             |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |
| <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Katherine Nelson</u>, this the <u>14<sup>th</sup></u> day of <u>January</u>, 20 <u>20</u><u>20</u>, to certify which, witness my hand and seal of office.</p> <p><u>Laura Duff</u><br/>Signature of officer administering</p> <p><u>Laura Duff</u><br/>Printed name of officer administering</p> <p><u>Notary</u><br/>Title of officer administering oath</p> |   |  |             |   |                |                |  |                                  |  |  |                                   |                   |  |  |                                   |  |  |                                      |

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

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|  |                        |
|--|------------------------|
| <b>18 FILER NAME</b><br>Nelson, Katherine  | <b>19 Filer ID</b>     |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   | <b>SUBTOTAL AMOUNT</b> |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | \$ 4,481.64            |
| 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            | \$ 4,598.80            |
| 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<br>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:<br>Sch: 1/2 Rpt: 4/11                |
| <b>2</b> FILER NAME<br>Nelson, Katherine                                   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>12/18/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Berg, Cecil   | <b>7</b> Amount of Contribution (\$)<br>\$100.00                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>000 North FM #356,<br>Onalaska, TX 77360           |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney   |   | <b>9</b> Employer (See Instructions)<br>Cecil E. Berg, Attorney at Law |
| <b>Date</b><br>12/15/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Deaton, Ryan    | <b>Amount of Contribution (\$)</b><br>\$300.00                         |
|  | <b>Contributor address; City; State; Zip Code</b><br>103 East Denman<br>Lufkin, TX 75904                  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney     |   | <b>Employer (See Instructions)</b><br>Deaton Law Firm                  |
| <b>Date</b><br>12/08/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delaney, John   | <b>Amount of Contribution (\$)</b><br>\$206.10                         |
|  | <b>Contributor address; City; State; Zip Code</b><br>4313 Birchcrest Ln<br>Bryan, TX 77802                |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Senior Judge |   | <b>Employer (See Instructions)</b><br>State of Texas                   |
| <b>Date</b><br>10/31/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Etheridge, Chad | <b>Amount of Contribution (\$)</b><br>\$257.54                         |
|  | <b>Contributor address; City; State; Zip Code</b><br>1919 Trinity St.<br>Liberty, TX 77515                |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney     |   | <b>Employer (See Instructions)</b><br>Etheridge & Bacon Law Office     |
| <b>Date</b><br>12/18/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Evans, Seth     | <b>Amount of Contribution (\$)</b><br>\$400.00                         |
|  | <b>Contributor address; City; State; Zip Code</b><br>507 N. Washington Ave<br>Livingston, TX 77351        |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Attorney     |   | <b>Employer (See Instructions)</b><br>Evans Law Firm                   |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/11                 |
| <b>2</b> FILER NAME<br>Nelson, Katherine                                 |  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>12/15/2025  | <b>5</b> Full name of contributor<br>Kirkwood, Keaton<br><br><b>6</b> Contributor address; City; State; Zip Code<br>2108 Sam Houston St.<br><br>Liberty, TX 77575  | <b>7</b> Amount of Contribution (\$)<br>\$103.20                        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |  | <b>9</b> Employer (See Instructions)<br>Keaton Kirkwood Attorney at Law |
| <b>Date</b><br>11/21/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:<br>Love, Mike<br><br><b>Contributor address; City; State; Zip Code</b><br>202 E Lufkin Ave<br><br>Lufkin, TX 75901             | <b>Amount of Contribution (\$)</b><br>\$1,500.00                        |
| Principal occupation / Job title (See Instructions)<br>Attorney          |  | Employer (See Instructions)<br>Mike Love and Associates                 |
| <b>Date</b><br>10/30/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:<br>Price, Robert (Mr.)<br><br><b>Contributor address; City; State; Zip Code</b><br>479 Lakefront Dr.<br><br>Onalaska, TX 77360 | <b>Amount of Contribution (\$)</b><br>\$514.80                          |
| Principal occupation / Job title (See Instructions)<br>Case Manager      |  | Employer (See Instructions)<br>Shadwick Law, PLLC                       |
| <b>Date</b><br>10/30/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:<br>Shadwick, Lana<br><br><b>Contributor address; City; State; Zip Code</b><br>479 Lakefront Dr.<br><br>Onalaska, TX 77360      | <b>Amount of Contribution (\$)</b><br>\$1,000.00                        |
| Principal occupation / Job title (See Instructions)<br>Attorney          |  | Employer (See Instructions)<br>Shadwick Law, PLLC                       |
| <b>Date</b><br>12/12/2025  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:<br>Shukan, Leonor<br><br><b>Contributor address; City; State; Zip Code</b><br>117 Mockingbird Ln<br><br>Livingston, TX 77351   | <b>Amount of Contribution (\$)</b><br>\$100.00                          |
| Principal occupation / Job title (See Instructions)<br>Attorney          |  | Employer (See Instructions)<br>Shukan Law Firm, PLLC                    |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)   |                               |  |
|---|-------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense             |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                            |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense                           |
| Credit Card Payment   | Legal Services                | 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:<br>Sch: 1/6 Rpt: 6/11             | 2 FILER NAME<br>Nelson, Katherine   | 3 Filer ID   |
| 4 Date<br>12/02/2025   | 5 Payee name<br>Amazon  |  |
| 6 Amount (\$)<br>\$205.32                                    | 7 Payee address; City; State; Zip Code<br>410 Terry Ave N<br><br>Seattle, WA 98109      |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Shepherd Christmas supplies   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/04/2025   | Payee name<br>Amazon  |  |
| Amount (\$)<br>\$106.68                                      | Payee address; City; State; Zip Code<br>410 Terry Ave N<br><br>Seattle, WA 98109        |  |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Coldspring Christmas supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/12/2025   | Payee name<br>Amazon  |  |
| Amount (\$)<br>\$97.41                                       | Payee address; City; State; Zip Code<br>410 Terry Ave N<br><br>Seattle, WA 98109        |  |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Seeds                         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 2/6 Rpt: 7/11             | 2 FILER NAME<br>Nelson, Katherine   | 3 Filer ID  |
| 4 Date<br>09/28/2025   | 5 Payee name<br>Campaign Partner  |   |
| 6 Amount (\$)<br>\$49.00                                     | 7 Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                     |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/05/2025   | Payee name<br>Campaign Partner  |   |
| Amount (\$)<br>\$2.20  | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/05/2025   | Payee name<br>Campaign Partner  |   |
| Amount (\$)<br>\$5.00  | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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:<br>Sch: 3/6 Rpt: 8/11             | 2 FILER NAME<br>Nelson, Katherine   | 3 Filer ID  |             |
| 4 Date<br>10/28/2025   | 5 Payee name<br>Campaign Partner  |   |             |
| 6 Amount (\$)<br>\$52.00                                     | 7 Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                     | State; Zip Code   |             |
| 8 PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought   | Office held |
| Date<br>12/06/2025   | Payee name<br>Campaign Partner  |   |             |
| Amount (\$)<br>\$52.00                                       | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       | State; Zip Code   |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought   | Office held |
| Date<br>12/28/2025   | Payee name<br>Campaign Partner  |   |             |
| Amount (\$)<br>\$52.00                                       | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       | State; Zip Code   |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website |             |
| 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:<br>Sch: 4/6 Rpt: 9/11      | 2 FILER NAME<br>Nelson, Katherine  | 3 Filer ID   |
| 4 Date<br>12/08/2025                                  | 5 Payee name<br>Century II Printing  |  |
| 6 Amount (\$)<br>\$61.92                              | 7 Payee address; City;<br>506 N Washington Ave<br><br>Livingston, TX 77351             |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Business cards                    |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought  |
| Date<br>12/10/2025                                    | Payee name<br>Coldspring Chamber of Commerce   | Office held  |
| Amount (\$)<br>\$55.00                                | Payee address; City;<br>31 N. Butler St<br><br>Coldspring, TX 77331                    |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Coldspring Christmas Booth/Parade |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought  |
| Date<br>11/26/2025                                    | Payee name<br>Harlan Clark   | Office held  |
| Amount (\$)<br>\$29.30                                | Payee address; City;<br>15955 La Cantera Pkwy<br><br>San Antonio, TX 78256             |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Check order                       |
| 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:<br>Sch: 5/6 Rpt: 10/11               | 2 FILER NAME<br>Nelson, Katherine  | 3 Filer ID  |
| 4 Date<br>12/08/2025  | 5 Payee name<br>San Jacinto County GOP   |   |
| 6 Amount (\$)<br>\$50.00  | 7 Payee address; City;<br>201 HWY 150, Suite J-L<br><br>Coldspring, TX 77331                 | State; Zip Code   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Candidate table                |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/10/2025  | Payee name<br>San Jacinto County GOP   |   |
| Amount (\$)<br>\$750.00   | Payee address; City;<br>201 HWY 150, Suite J-L<br><br>Coldspring, TX 77331                   | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule)<br>Fees                     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Application for Primary Ballot |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/24/2025  | Payee name<br>Super Cheap Signs  |   |
| Amount (\$)<br>\$1,044.36                                       | Payee address; City;<br>12800 Anderson Mill Rd Box 400, BLDG D-1<br><br>Cedar Park, TX 78613 | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signs                          |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 6/6 Rpt: 11/11            | 2 FILER NAME<br>Nelson, Katherine   | 3 Filer ID  |
| 4 Date<br>12/27/2025   | 5 Payee name<br>Super Cheap Signs   |   |
| 6 Amount (\$)<br>\$1,235.61                                  | 7 Payee address; City; State; Zip Code<br>12800 Anderson Mill Rd<br><br>Cedar Parks, TX 78613 |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signs      |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/31/2025   | Payee name<br>Three Bs Creations  |   |
| Amount (\$)<br>\$450.00                                      | Payee address; City; State; Zip Code<br>122 Richards Rd<br><br>Shepherd, TX 77371             |   |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Koosies    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>11/21/2025   | Payee name<br>Willy Walt, Inc   |   |
| Amount (\$)<br>\$301.00                                      | Payee address; City; State; Zip Code<br>204 37th Ave N<br><br>St Petersburg, FL 33704         |   |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Push Cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
|  |   |   |