

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Katherine		MI B
NICKNAME Katey		LAST Nelson		SUFFIX	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> OFFICE USE ONLY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> RECEIVED FEB 02 2026 </div> </div>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 100 Pine St. Shepherd, TX 77371				ZIP CODE
<input type="checkbox"/> Hand-delivered or Date Postmarked					<div style="border: 1px solid black; padding: 2px;">Receipt #</div> <div style="border: 1px solid black; padding: 2px;">Amount</div>
Date Processed					Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Joshua		MI A
NICKNAME Josh		LAST Nelson		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 100 Pine St. Shepherd, TX 77371				APT / SUITE #; CITY; STATE, ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE 936		PHONE NUMBER 328-4163		EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2026		THROUGH		Month Day Year 01/22/2026
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) San Jacinto County District Clerk District San Jacinto
GO TO PAGE 2					

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

2 of 5

13 C / OH NAME

Nelson, Katherine

14 Filer ID**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.

COMMITTEE TYPE**COMMITTEE NAME**☐ GENERAL**COMMITTEE ADDRESS**☐ SPECIFIC**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) \$ 947.85

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 324.00

**CONTRIBUTION
BALANCE**

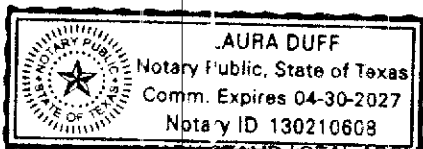
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 363.41

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Katherine Nelson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Katherine B Nelson, this the 2nd day of February, 20 24, to certify which, witness my hand and seal of office.

Laura Duff
Signature of officer administering

Laura Duff
Printed name of officer administering

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH**
COVER SHEET PG 3
3 of 5**18 FILER NAME**

Nelson, Katherine

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- | | | | | |
|-----|-------------------------------------|--|----|--------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 947.85 |
| 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 | \$ | 324.00 |
| 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: 1/1 Rpt: 4/5

2 FILER NAME
Nelson, Katherine

3 Filer ID

4 Date
01/22/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Bacon, Terry (Ms.)

7 Amount of Contribution (\$)
\$309.00

6 Contributor address; City; State; Zip Code
1919 Trinity St.
Liberty, TX 77575

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Ethedridge & Bacon Law Office

Date
01/06/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Garcia, Ashley (Mrs.)

Amount of Contribution (\$)
\$123.77

Contributor address; City; State; Zip Code
136 Tom Cummings Rd.
Livingston, TX 77351

Principal occupation / Job title (See Instructions)
Paralegal

Employer (See Instructions)
Phillips & Andreas Law Firm

Date
01/22/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Price, Robert (Mr.)

Amount of Contribution (\$)
\$257.54

Contributor address; City; State; Zip Code
479 Lakefront Dr.
Onalaska, TX 77360

Principal occupation / Job title (See Instructions)
Case Manager

Employer (See Instructions)
Shadwick Law, PLLC

Date
01/22/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Price, Robert (Mr.)

Amount of Contribution (\$)
\$257.54

Contributor address; City; State; Zip Code
479 Lakefront Dr.
Onalaska, TX 77360

Principal occupation / Job title (See Instructions)
Case Manager

Employer (See Instructions)
Shadwick Law, PLLC

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: Sch: 1/1 Rpt: 5/5		2 FILER NAME Nelson, Katherine		3 Filer ID
4 Date 01/13/2026		5 Payee name Brandon Treats		
6 Amount (\$) \$120.00		7 Payee address; City; State; Zip Code 382 Carters Dr Livingston, TX 77351		
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 Treats for Meet and Greet	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held
Date 01/13/2026		Payee name Peoples State Bank		
Amount (\$) \$4.00		Payee address; City; State; Zip Code 5850 US-59 Shepherd, TX 77371		
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 Service Charge	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held
Date 01/13/2026		Payee name San Jacinto County GOP		
Amount (\$) \$200.00		Payee address; City; State; Zip Code 201 HWY 150, Suite J-L Coldspring, TX 77331		
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 Reagan/Trump Dinner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held

Invoice

Stitches from the Heart by LD

Make payable to:
Laura Duff
1336 Bird Rd
Livingston, TX 77351

PURCHASED BY:
J-Hal Trucking LLC

INVOICE # 214
DATE: 02/01/2026

SHIP TO:

COMMENTS OR SPECIAL INSTRUCTIONS:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
7	3 gray and pink/3 gray and 1 light pink flat bill/= w/logo	18.00	126.00

Suptotal 126.00

Sales tax

Shipping and handling

TOTAL DUE 126.00