

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

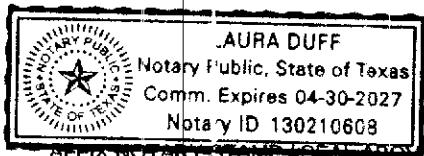
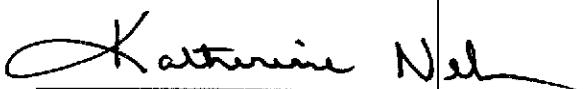
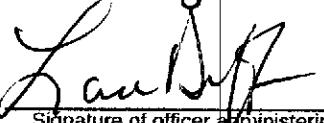
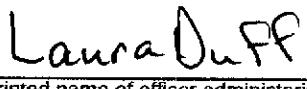
FORM C/OH
COVER SHEET PG 1

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	FIRST Mrs. Katherine	MI B	
	NICKNAME Katey	LAST Nelson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 100 Pine St.		ZIP CODE	
	Shepherd, TX 77371			By Hand-delivered or Date Postmarked
				Receipt #
				Date Processed
5 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST Mr. 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"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED		Month 01/01/2026	Day	Year
		THROUGH		Month 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"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other	
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**

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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>		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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	<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></p> <p></p> <p>Signature of Candidate or Officeholder</p> <p>Sworn to and subscribed before me, by the said <u>Katherine B Nelson</u>, this the <u>2nd</u> day of <u>February</u>, 20 <u>26</u>, to certify which, witness my hand and seal of office.</p> <p></p> <p></p> <p>Signature of officer administering</p> <p>Printed name of officer administering</p> <p>Title of officer administering oath</p>		

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

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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	
4 Date 01/22/2026	5 Full name of contributor Bacon, Terry (Ms.)	6 Contributor address; City; State; Zip Code 1919 Trinity St. Liberty, TX 77575	7 Amount of Contribution (\$) \$309.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ethedridge & Bacon Law Office	
Date 01/06/2026	Full name of contributor 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 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 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

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: 1/1 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

Invoice

Stitches from the Heart by LD

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

INVOICE # 214
DATE: 02/01/2026

PURCHASED BY:
J-Hal Trucking LLC

SHIP TO:

COMMENTS OR SPECIAL INSTRUCTIONS: