

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Mr. Chris
NICKNAME LAST SUFFIX
Jamieson

OFFICE USE ONLY

Date Received

CSO REC'D
APR 2 '26 PM4:26

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

11401 Mesa Crossing Dr Fort Worth, TX 76052

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 907-8025

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Travis
NICKNAME LAST SUFFIX
Clegg

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4020 Volk Ct. Fort Worth, TX 76244

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 229-0043

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign
treasurer appointment
(Officeholder Only)
 July 15 8th day before election Exceeded Modified
Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 1 / 2026 THROUGH 3 / 23 / 2026

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
5 / 2 / 2026 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council - District 10

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

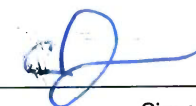
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 42,097.71
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,499.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,185.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

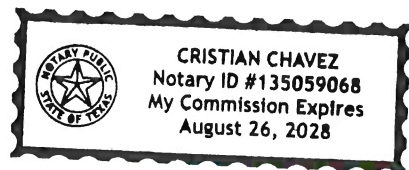
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Jamison this the 2nd day of April, 2026, to certify which, witness my hand and seal of office.

[Signature] Cristian Chavez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,000.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,097.71
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 25,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27,499.30
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chris Jamieson		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Irrizary <hr/> 6 Contributor address; City; State; Zip Code 912 Highpoint Way Roanoke TX 76262	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) RCI Construction
Date 1/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Realeen Jamieson <hr/> Contributor address; City; State; Zip Code 670 Redbud Ln Guthrie OK 73044	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek O'Rear <hr/> Contributor address; City; State; Zip Code 1609 Florence Dr Azle TX 76020	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Supply Chain Transportation		Employer (See Instructions) Alcon
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Austin <hr/> Contributor address; City; State; Zip Code 700 W Harwood Dr, Ste G-2 Hurst TX 76054	Amount of contribution (\$) 20,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Chris Jamieson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Susan Jamieson <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00
3/13/26	6 Contributor address; City; State; Zip Code 2144 Robin Rd Lewisville TX 75077	
8 Principal occupation / Job title (See Instructions) Educational Diagnostician		9 Employer (See Instructions) Carrollton-Farmers Branch ISD
Date	Full name of contributor Chris Warren <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
3/13/26	Contributor address; City; State; Zip Code 1101 Wylie Thompson Cove Fort Worth TX 76179	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Quantum North America
Date	Full name of contributor Anthony Kimmey <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
3/13/26	Contributor address; City; State; Zip Code 5511 Lake Windermere Dr Flower Mound TX 75022	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) LJA Engineering, Inc.
Date	Full name of contributor Craig Barnes <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
3/12/26	Contributor address; City; State; Zip Code 8103 Shelton Dr Fort Worth TX 76120	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Shield Engineering Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Chris Jamieson	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/26	5 Full name of contributor Mike Moncrief <input type="checkbox"/> out-of-state PAC (ID#: _____) ----- 6 Contributor address; City; State; Zip Code 777 Taylor St Ste 1030 Fort Worth TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/12/26	Full name of contributor Marianne M Auld <input type="checkbox"/> out-of-state PAC (ID#: _____) ----- Contributor address; City; State; Zip Code 201 Main St Suite 2500 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/26	Full name of contributor Steve Brauer <input type="checkbox"/> out-of-state PAC (ID#: _____) ----- Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd Ste 114 Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 3/5/26	Full name of contributor Pape-Dawson Engineers PAC <input type="checkbox"/> out-of-state PAC (ID#: _____) ----- Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio TX 78213	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Chris Jamieson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Colby Adams <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/5/26	6 Contributor address; City; State; Zip Code 1900 W Broadus Ave Fort Worth TX 76115	250.00
8 Principal occupation / Job title (See Instructions) Senior Advisor		9 Employer (See Instructions) SW Baptist Theological Seminary
Date	Full name of contributor Thomas Harris <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/4/26	Contributor address; City; State; Zip Code 501 Samuels Ave Ft. Worth TX 76102	250.00
Principal occupation / Job title (See Instructions) Real Estate/Aviation		Employer (See Instructions) Hillwood
Date	Full name of contributor Matt Mildren <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/26/26	Contributor address; City; State; Zip Code 9757 Spring Branch Dr Dallas TX 75238	1,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) PMB Capital
Date	Full name of contributor Travis Clegg <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/19/26	Contributor address; City; State; Zip Code 4020 Volk Court Fort Worth TX 76244	500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Westwood

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable,

DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Chris Jamieson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Chad Skogsberg <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2,000.00
2/17/26	6 Contributor address; City; State; Zip Code 2025 Greenway Crossing Dr Haslet TX 76052	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Ginger Cranes
Date	Full name of contributor KG Sable Development LLC <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00
2/5/26	Contributor address; City; State; Zip Code 706 Cinnabar Ct Westworth Village TX 76114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Landon Taylor King <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
2/5/26	Contributor address; City; State; Zip Code 6943 Glenn Hills Rd Richland Hills TX 76118	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Dick Elkins <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
2/5/26	Contributor address; City; State; Zip Code 5708 Lakeside Drive Fort Worth TX 76179	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

1 Total pages Schedule F1:	2 FILER NAME Chris Jamieson	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name Catalyst Advisors Group LLC	
6 Amount (\$) 1,000.00	7 Payee address; 1108 Lavaca St 110-506 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Austin TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/27/2026	Payee name Catalyst Advisors Group LLC	
Amount (\$) 1,000.00	Payee address; 1108 Lavaca St 110-506 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Austin TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Catalyst Advisors Group LLC	
Amount (\$) 157.07	Payee address; 1108 Lavaca St 110-506 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Austin TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Office
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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			

3
The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Chris Jamieson	3 Filer ID (Ethics Commission Filers)
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4 Date 02/27/2026	5 Payee name Catalyst Advisors Group LLC
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6 Amount (\$) 1,000.00	7 Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2026	Payee name Catalyst Advisors Group LLC
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Amount (\$) 236.67	Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Pushcards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/05/2026	Payee name Catalyst Advisors Group LLC
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Amount (\$) 6,500.68	Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Roadsigns
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | | | |
- 3
The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Chris Jamieson	3 Filer ID (Ethics Commission Filers)
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4 Date 03/13/2026	5 Payee name Catalyst Advisors Group LLC
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6 Amount (\$) 2,500.00	7 Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/20/2026	Payee name Catalyst Advisors Group LLC
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Amount (\$) 11,104.88	Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Canvassing Tech/Field Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/20/2026	Payee name Catalyst Advisors Group LLC
--------------------	---

Amount (\$) 4,000.00	Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Data Acquisition/Targeting Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED