

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**

**FORM C/OH
COVER SHEET PG 1**

FT. WORTH, TX
1 Filer ID (Ethics Commission Filers)

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

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
Mr		Chris		Date Received			
Mr		Jamieson		CSO REC'D APR 24 '26 PM4:59			
11401 Mesa Crossing Dr. Fort Worth, TX 76052		11401 Mesa Crossing Dr. Fort Worth, TX 76052					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
<input type="checkbox"/> Change of Address	11401 Mesa Crossing Dr. Fort Worth, TX 76052						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(817)	907-8025					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
	NICKNAME	LAST	SUFFIX	Date Processed			
Mr		Travis		Date Imaged			
Mr		Clegg					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
(Residence or Business)	4020 Volk Ct. Fort Worth, TX. 76244						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	229-0043					
9 REPORT TYPE	<input 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) <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)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	3	24	2026	THROUGH	4	22	2026
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	5	2	2026	<input type="checkbox"/> General	<input checked="" type="checkbox"/> 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)	\$ 31,129.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,405.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,380.12
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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Chris Jamieson, and my date of birth is [REDACTED].

My address is 11401 Mesa Crossing Dr, Fort Worth, TX, 76052, USA.

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

Executed in Tarrant County, State of Texas, on the 24 day of April, 2026.

(month) (year)

[Signature]
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	\$ 16,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,529.18
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 26,405.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 20,044.04
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
2 FILER NAME Chris Jamieson		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee for Public Safety - FWPOA	7 Amount of contribution (\$) \$10,000.00
6 Contributor address; City; State; Zip Code 100 N Forest Park Blvd Fort Worth, TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffery Davis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13408 Quail View Dr Fort Worth, TX 76052		
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Huitt-Zollars, Inc
Date 4/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC - Texas Realtors PAC	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code PO Box 2466 Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF Rail PAC	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code PO Box 961039 Fort Worth, TX 76161		
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

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 3/31/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Bodanowicz	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1201 Elm St #4000 Dallas, TX 75270		
8 Principal occupation / Job title (See Instructions) Attorney at Law		9 Employer (See Instructions) Burke Bogdanowicz PLLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Huitt-Zollars, Inc
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Chris Jamieson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 14,529.18	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee for Public Safety - FWPOA	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 100 N Forest Park Blvd Fort Worth, TX 76102	\$14,529.18	Signs & Mailer
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 3	2 FILER NAME Chris Jamieson	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/26	5 Payee name Catalyst Advisors Group	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Labor to Install Signs
	(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 4/7/26	Payee name Catalyst Advisors Group	
Amount (\$) \$812.52	Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Push Cards
	<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 4/10/26	Payee name Catalyst Advisors Group	
Amount (\$) \$812.52	Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Push Cards
	<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

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			

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 4/6/26	5 Payee name Catalyst Advisors Group	
6 Amount (\$) \$1,780.71	7 Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Yard Signs
	(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 4/9/26	Payee name Catalyst Advisors Group	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Grassroots Field Team Labor
	<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 3/27/26	Payee name Catalyst Advisors Group	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Digital Ad Spend
	<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

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 | | | |

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 3/27/26	5 Payee name Catalyst Advisors Group	
6 Amount (\$) \$1,000.00	7 Payee address; 1108 Lavaca St 110-506 Austin, TX 78701	City: State: Zip Code
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 3/31/26	Payee name Anedot	
Amount (\$) \$44.60	Payee address; 3723 Greenville Ave Ste 41002 Dallas, TX 75206	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting	Description Transaction Expense
	<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 4/17/26	Payee name Justin Vos	
Amount (\$) \$3,000.00	Payee address; 1108 Lavaca St 110-506 Austin, TX 78701	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign Management Services
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 4/20/26	6 Payee name Catalyst Advisors
--------------------------	--

7 Amount (\$) \$703.63	8 Payee address; 1108 Lavaca St 110-506 Austin, TX 78701	City;	State;	Zip Code
----------------------------------	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/14/26	Payee name Catalyst Advisors
-----------------	---------------------------------

Amount (\$) \$2,200.00	Payee address; 1108 Lavaca St 110-506 Austin, TX 78701	City;	State;	Zip Code
---------------------------	---	-------	--------	----------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Research 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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 4/13/26	6 Payee name Catalyst Advisors
--------------------------	--

7 Amount (\$) \$10,975.41	8 Payee address; 1108 Lavaca St 110-506 Austin, TX 78701	City;	State;	Zip Code
-------------------------------------	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/14/26	Payee name Catalyst Advisors
-----------------	---------------------------------

Amount (\$) \$6,165.00	Payee address; 1108 Lavaca St 110-506 Austin, TX 78701	City;	State;	Zip Code
---------------------------	---	-------	--------	----------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Grassroots Field Team Labor
	<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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED