



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Courtney J. Anderson 16 Filer ID (Ethics Commission Filers)

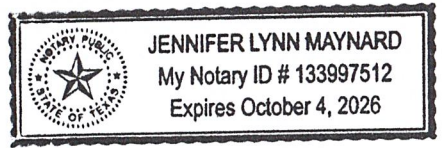
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,275
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,500.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,873.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*Courtney J. Anderson*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Courtney Anderson this the 04 day of April, 2006, to certify which, witness my hand and seal of office.

J Maynard Jennifer Maynard 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

Courtney J. Anderson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,275
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 90
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,500.91
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: 10
2 FILER NAME Courtney J. Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Bishop	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 12126 Rhett Drive Houston TX 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/26/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Watson	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 10814 Oak Hollow St. Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/28/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke Zarr	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 415 Hunterwood Drive Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/28/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peyton Welty	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 1 Hampton Court Houston TX 77024		
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: <b>10</b>
2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Cockrell</b>	7 Amount of contribution (\$)  <b>\$150</b>
6 Contributor address; City; State; Zip Code <b>1 Briar Trail Houston TX 77056</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3/29/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rachel Fuqua</b>	Amount of contribution (\$)  <b>\$50</b>
Contributor address; City; State; Zip Code <b>8337 Cedarbrake Dr. Houston TX 77055</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/29/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis Macey</b>	Amount of contribution (\$)  <b>\$250</b>
Contributor address; City; State; Zip Code <b>510 Lindenwood Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/30/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suzanne Stiles</b>	Amount of contribution (\$)  <b>\$250</b>
Contributor address; City; State; Zip Code <b>11757 Taylorcrest Rd. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: **10**

2 FILER NAME **Courtney J. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/30/26**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jennifer Cooksey**

7 Amount of contribution (\$)  
**\$100**

6 Contributor address; City; State; Zip Code  
**19111 Cobblestone Dr. Houston TX 77024**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael Ferrier**

Amount of contribution (\$)  
**\$250**

**3/30/26**

Contributor address; City; State; Zip Code  
**12631 Pebblebrook Dr. Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jenny Webster**

Amount of contribution (\$)  
**\$100**

**3/30/26**

Contributor address; City; State; Zip Code  
**817 E. Friar Tuck Ln. Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Meaghan Conrad**

Amount of contribution (\$)  
**\$50**

**3/30/26**

Contributor address; City; State; Zip Code  
**609 Main Street Houston TX 77010**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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: <b>10</b>
2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/30/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kristin Dillard</b>	7 Amount of contribution (\$) <b>\$150</b>
6 Contributor address; City; State; Zip Code <b>11935 Winwood Ln. Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/31/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Ramsey</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>PO Box 55385 Houston TX 77255</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/31/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy Norris</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>11819 Cobblestone Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/1/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Natalie Warren</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>12726 Broken Bough Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keith Bilski</b>	7 Amount of contribution (\$)  <b>\$500</b>
6 Contributor address; City; State; Zip Code <b>402 Wolf Court Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/3/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sara Mallon</b>	Amount of contribution (\$)  <b>\$ 150</b>
Contributor address; City; State; Zip Code <b>10210 Pine Forest Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/5/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Josephsan</b>	Amount of contribution (\$)  <b>\$500</b>
Contributor address; City; State; Zip Code <b>12022 Winwood Ln. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/6/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken Valach</b>	Amount of contribution (\$)  <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>750 Town &amp; Country Blvd Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 10

2 FILER NAME

Courtney J. Anderson

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/26

5 Full name of contributor

Katherine Eisterhold

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

510 Hallie Dr. Houston TX 77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/8/26

Full name of contributor

Ara J.J. Hardig

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

12207 Cobblestone Dr. Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/26

Full name of contributor

Trish Kyle

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

322 Hunters Trail St. Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/26

Full name of contributor

Emily Sperandio

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

706 Camelot Ln. Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: <b>10</b>
2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rainey Janke</b>	7 Amount of contribution (\$)  <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>10823 Briar Branch Ln. Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/9/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Zoch</b>	Amount of contribution (\$)  <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>12626 Taylorcrest Rd. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/9/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryan D'Agostino</b>	Amount of contribution (\$)  <b>\$250</b>
Contributor address; City; State; Zip Code <b>10611 Twelve Oaks Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/9/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brett Beardsley</b>	Amount of contribution (\$)  <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>11915 Wink Road Houston TX 77024</b>		
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: <b>10</b>
2 FILER NAME <b>Courtney J. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Alpe</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>7827 Brykerwoods Dr. Houston TX 77055</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/9/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosie Murphy</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>919 Echo Lane Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hoover Slovacek LLP</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>PO Box 4547 Houston TX 77210</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fabian Torres</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>11902 N. Durrette Dr. Houston TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **10**

2 FILER NAME **Courtney J. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/10/26**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mickie Strait**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

**12202 Boheme Dr. Houston TX 77024**

**\$250**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**4/10/26**

**Valorie Lerner**

Contributor address; City; State; Zip Code

**11839 Brandywine Ln. Houston TX 77024**

**\$100**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**4/12/26**

**Lisa Ortega**

Contributor address; City; State; Zip Code

**11518 Wendover Ln. Houston TX 77024**

**\$50**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**4/13/26**

**Courtney Robertson**

Contributor address; City; State; Zip Code

**206 Caruthers Ln. Houston TX 77024**

**\$500**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Courtney J. Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Jaehne	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 9029 Kenilworth St. Houston TX 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/17/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela England	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 12118 Pinerock Lane Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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: <span style="font-size: 2em;">1</span>	
2 FILER NAME <span style="font-size: 1.5em;">Courtney J. Anderson</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date <span style="font-size: 1.5em;">4/15/26</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Alejandra &amp; Edgar Rincon</span>	8 Amount of Contribution \$ <span style="font-size: 1.5em;">\$50</span>	9 In-kind contribution description <span style="font-size: 1.5em;">Meet &amp; Greet</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">11850 Durette Dr. Houston TX 77024</span>		<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 <span style="font-size: 1.5em;">4/20/26</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Karen &amp; George Masraff</span>	Amount of Contribution \$ <span style="font-size: 1.5em;">\$30</span>	In-kind contribution description <span style="font-size: 1.5em;">Meet &amp; Greet</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">12620 Broken Bough Dr. Houston TX 77024</span>		<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)			

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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: 4	2 FILER NAME Courtney J. Anderson	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------------------------------	---------------------------------------

4 Date 3/27/26	5 Payee name CAZ Consulting
-------------------	--------------------------------

6 Amount (\$) \$2,000	7 Payee address; 6255 Willers Way <input type="checkbox"/> Check if individual's residence address.	City; Houston	State; TX	Zip Code 77057
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting Expense
	(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 4/1/26	Payee name Sprint 2print
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Amount (\$) \$1,258.41	Payee address; 8748 Clay Road #300 <input type="checkbox"/> Check if individual's residence address.	City; Houston	State; TX	Zip Code 77080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs
	<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 4/7/26	Payee name CAZ Consulting
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Amount (\$) \$100	Payee address; 6255 Willers Way <input type="checkbox"/> Check if individual's residence address.	City; Houston	State; TX	Zip Code 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Verify
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: 4	2 FILER NAME Courtney J. Anderson	3 Filer ID (Ethics Commission Filers)
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4 Date 4/11/26	5 Payee name CAZ Consulting
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6 Amount (\$) \$902.30	7 Payee address; 6255 Willers Way	City; Houston	State; TX	Zip Code 77057
<input type="checkbox"/> Check if individual's residence address.				

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description 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 4/11/26	Payee name Sprint 2 Print
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Amount (\$) \$1,414.29	Payee address; 8748 Clay Road #300	City; Houston	State; TX	Zip Code 77080
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<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 4/15/26	Payee name Village Republican Women
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Amount (\$) \$93.15	Payee address; 7941 Katy Freeway #1	City; Houston	State; TX	Zip Code 77024
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Event
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>4</b>	2 FILER NAME <b>Courtney J. Anderson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/15/26</b>	5 Payee name <b>Pepperlou</b>
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6 Amount (\$) <b>\$177.96</b>	7 Payee address; <b>14054-A Memorial Drive</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77079</b>
<input type="checkbox"/> Check if individual's residence address.				

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Meet &amp; Greet Hostess Gifts</b>
	(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 <b>4/22/26</b>	Payee name <b>Anedot</b>
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Amount (\$) <b>\$446.10</b>	Payee address; <b>1340 Poydras Street, Ste 1770</b>	City; <b>New Orleans</b>	State; <b>LA</b>	Zip Code <b>70112</b>
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Software Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" 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 <b>4/21/26</b>	Payee name <b>Campaign Partner</b>
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Amount (\$) <b>\$29</b>	Payee address; <b>PO Box 118</b>	City; <b>Still River</b>	State; <b>MA</b>	Zip Code <b>01467</b>
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Campaign Website</b>
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Courtney Andersson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/22/26	<b>5</b> Payee name X Account
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<b>6</b> Amount (\$) \$84	<b>7</b> Payee address; X.com	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

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

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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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