

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 (Ethics Commission Filers) **2** Total pages filed: **14**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	MS	Katherine		
	NICKNAME	LAST	SUFFIX	Date Received
	Kate	Ivers		26 APR 1 PM 4:25

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
Change of Address	[REDACTED]				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	[REDACTED]			

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	MRS	Jolynn			
	NICKNAME	LAST	SUFFIX	Date Processed	
		Cunningham		Date Imaged	

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)	[REDACTED]				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		

9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	2	15	26		3	23	26

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5	2	26	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		Eanes ISD Board Trustee Place 1

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Katherine "Kate" Ivers

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,539.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 161.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,520.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,651.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 201.85

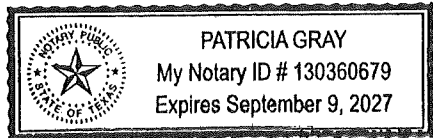
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Katherine Ivers

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Katherine Ivers this the 1st day of April, 2026, to certify which, witness my hand and seal of office.

Patricia Gray Patricia Gray Asst. Supt.
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

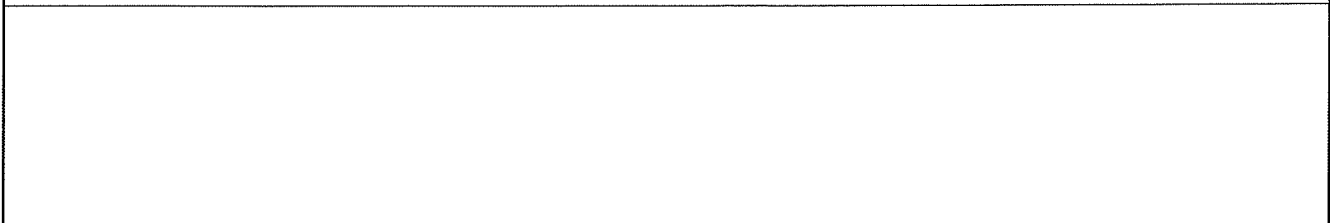
19 FILER NAME Katherine Ivers		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,539.22
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 216.85
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,520.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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 Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Gretchen Mitchell 6 Contributor address; City; State; Zip Code 20 Sundown Pkwy AUSTIN, TX TX 78746	7 Amount of contribution (\$) 103.20
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) REACH Meetings & Events
Date 03/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Courtney Bass Contributor address; City; State; Zip Code 5 N Peak Road Austin TX 78746	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions) None
Date 03/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Kathy Kimmel Contributor address; City; State; Zip Code 1105 Snowy Owl Court Austin TX 78746	Amount of contribution (\$) 257.54
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) AO Shearman LLP
Date 03/23/2026	Full name of contributor out-of-state PAC (ID#: _____) ADRIANE WHITCHURCH Contributor address; City; State; Zip Code 1217 Tamraeae Court Austin TX TX 78746	Amount of contribution (\$) 51.75
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self



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 Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2026 <input checked="" type="checkbox"/>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Jacobs ----- 6 Contributor address; City; State; Zip Code 103 Crestwood Ct West Lake Hills TX 78746	7 Amount of contribution (\$) 1029.29
8 Principal occupation / Job title (See Instructions) Wealth advisor		9 Employer (See Instructions) Avondale
Date 3/16/2021 <input checked="" type="checkbox"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Martin ----- Contributor address; City; State; Zip Code 1915 Holly Hill Drive Austin TX 78746	Amount of contribution (\$) 26.02
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winstead P.C.
Date 3/12/2021 <input checked="" type="checkbox"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mara Force ----- Contributor address; City; State; Zip Code 5117 Prytania New Orleans LA 70115	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Tulane u
Date 3/12/2026 <input checked="" type="checkbox"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Moffitt ----- Contributor address; City; State; Zip Code 11 St. Stephens School Rd. Austin TX 78746	Amount of contribution (\$) 206.10
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) non
<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>		

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: 6
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marzanne DeLoof 6 Contributor address; City; State; Zip Code 8408 Calera Dr Austin TX 78735	7 Amount of contribution (\$) 51.75
8 Principal occupation / Job title (See Instructions) Mom		9 Employer (See Instructions) none
Date 03/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Mullen Contributor address; City; State; Zip Code 3202 El Toro Cove Austin TX 78746	Amount of contribution (\$) 514.80
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) MKS2
Date 03/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Wheeler Contributor address; City; State; Zip Code 2803 Pickwick Lane Austin TX 78746	Amount of contribution (\$) 51.75
Principal occupation / Job title (See Instructions) mom		Employer (See Instructions) none
Date 03/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Bives Contributor address; City; State; Zip Code 8516 Calera Drive Austin TX 78735	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Ameriprise

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: 6
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEREMY FAIN	7 Amount of contribution (\$) 514.80
6 Contributor address; City; State; Zip Code 46 Neptune Ave Ormond Beach FL 32176		
8 Principal occupation / Job title (See Instructions) Monkey business		9 Employer (See Instructions) Cognitiv
Date 3/11/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica & John Blood	Amount of contribution (\$) 700.00
Contributor address; City; State; Zip Code 4101 Parkstone Heights, Austin, TX 78746		
Principal occupation / Job title (See Instructions) CEO & CIO		Employer (See Instructions) Planwise Financial Group
Date 03/06/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandra Orliac	Amount of contribution (\$) 103.20
Contributor address; City; State; Zip Code 212 7th Avenue San Francisco CA 94118		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Salma Health, Inc.
Date 03/06/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Stolz	Amount of contribution (\$) 257.54
Contributor address; City; State; Zip Code 1427 35th St NW Washington DC 20007		
Principal occupation / Job title (See Instructions) Public Policy		Employer (See Instructions) Toyota Motor North America
<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>		

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.		6 Total pages Schedule A1:
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM IVERS	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; State; Zip Code 2145 Luray Ave Unit 12S Cincinnati OH 45206-2811	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Venture Builders, LLC
Date 2/27/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean McGinley	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 2611 Euclid Ave., Unit #B Austin TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Deloitte LLP
Date 02/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Aronson	Amount of contribution (\$) 257.54
	Contributor address; City; State; Zip Code 4402 Falling Brook Cove Austin TX 78746	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) The Big Quiz Thing
Date 2/21/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Pat Dries	Amount of contribution (\$) 257.54
	Contributor address; City; State; Zip Code 2627 W LAKE PARK CT MEQUON WI 53092	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Retired
<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>		

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: 6
2 FILER NAME KATHERINE IVERS		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Powers	7 Amount of contribution (\$) 2500.00
6 Contributor address; City; State; Zip Code 3904 Toro Canyon Rd. Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) UTIMCO
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)
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.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 02/17/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Ivers	9 Loan Amount (\$) 10.59
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	10 Interest rate 0.00
		11 Maturity date 12/31/2030
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Kastner Gravelle
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 03/16/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Ivers	Loan Amount (\$) 191.26
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	Interest rate 0.00
		Maturity date 12/31/2030
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kastner Gravelle
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Katherine Ivers	3 Filer ID (Ethics Commission Filers)
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4 Date 03/02/2026	5 Payee name Super Cheap Signs
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6 Amount (\$) 554.93	7 Payee address; 12800 Anderson Mill Rd, Box 400, BLDG D-1, Cedar Park, TX 78613 City; State; Zip Code <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/18/2026	Payee name ValPak
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Amount (\$) 2,900.50	Payee address; 5424 W US HWY 290 Frontage Rd. Suite 2043.7, Austin, TX 78735 City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Valpak insertx
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/17/2026	Payee name Canva
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Amount (\$) 43.30	Payee address; www.Canva.com City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description business cards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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
Contributions/Donations Made By Gift/Awards/Memorials Expense

1 Total pages **4** 2 FILER NAME **Katherine Ivers** 3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,

9 Complete ONLY if direct Candidate / Officeholder name Office sought
Office held expenditure to benefit C/OH

Date 03/13/2026 Payee name Delwin Goss

Amount (\$) 730.00 Payee address; City; State; Zip Code 6410 Ponca St. Austin, TX 78741
Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description advertising expense Road Sign installation
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder

Complete ONLY if direct Candidate / Officeholder name Office sought

Date 03/11/2026 Payee name Custombuttons.com

Amount (\$) 171.06 Payee address; City; State; Zip Code www.custombuttons.com
Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description advertising expense Campaign Buttons
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,

Complete ONLY if direct Candidate / Officeholder name Office sought

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

1 Total pages Schedule E1: 4	2 FILER NAME Katherine Ivers	3 Filer ID (Ethics Commission Filers)
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4 Date 03/09/2026	5 Payee name Super Cheap Signs
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6 Amount (\$) 1204.22	7 Payee address; City; State; Zip Code Check if individual's 12800 Anderson Mill Rd, Box 400, BLDG D-1, Cedar Park, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,	

9 Complete ONLY if direct	Candidate / Officeholder name	Office sought
Office held expenditure to benefit C/OH		

Date 03/05/2026	Payee name WestLake Chamber
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Amount (\$) 40.00	Payee address; City; State; Zip Code 101 Westlake Dr. Suite 148, Austin, TX 78746 Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation/fundraising expense	Description luncheon
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder	

Complete ONLY if direct	Candidate / Officeholder name	Office sought
Office held expenditure to benefit C/OH		

Date	Payee name
-------------	-------------------

Amount (\$)	Payee address; City; State; Zip Code Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,	

Complete ONLY if direct	Candidate / Officeholder name	Office sought
Office held expenditure to benefit C/OH		

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 Contributions/Donations Made By Gift/Awards/Memorials Expense

1 Total pages Schedule F1-4	2 FILER NAME Katherine Ivers	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2026	5 Payee name Campaign Partner	
6 Amount (\$) 26.33	7 Payee address; City: State: Zip Code: Check if individual's https://www.campaignpartner.com/	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description website
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Michelle Tucker Graphics	Office sought	Office held
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Date 03/04/2026	Payee name Michelle Tucker Graphics
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Amount (\$) 150	Payee address; City: State; Zip Code 4508 Peralta Ln, Austin, TX 78735
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description headshots
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder	

Complete ONLY if direct

Candidate / Officeholder name Office held expenditure to benefit C/OH	Office sought
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Date 03/11/2026	Payee name JG Media / Community Impact www.communityimpact.com
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Amount (\$) 700.00	Payee address; City: State; 16121 Impact Way, Pflugerville, TX 78660
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description JG Media
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,	

Complete ONLY if direct

Candidate / Officeholder name Office held expenditure to benefit C/OH	Office sought
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED