

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:																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td>Mrs</td> <td>Katherine</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="border-top: 1px dotted black;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td colspan="2" style="font-size: small;">SUFFIX</td> </tr> <tr> <td>Kate</td> <td>Ivers</td> <td colspan="2"></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mrs	Katherine							NICKNAME	LAST	SUFFIX		Kate	Ivers			OFFICE USE ONLY	
MS / MRS / MR	FIRST	MI																					
Mrs	Katherine																						
NICKNAME	LAST	SUFFIX																					
Kate	Ivers																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX,</td> <td style="font-size: small;">APT / SUITE #,</td> <td style="font-size: small;">CITY,</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 20px;"></td> </tr> </table>	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE;	ZIP CODE						26 APR 24 AM 11:54											
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Mrs	Jolynn																						
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	Cunningham																						
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Eanes ISD Board Trustee Place 1																					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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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)

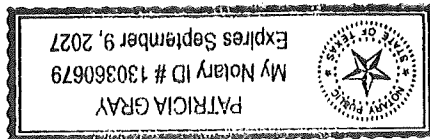
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,550.03
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 147.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,993.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,227.77
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 Kate Ivers this the 24th day of April.

26, to certify which, witness my hand and seal of office.

Patricia Gray Patricia Gray Notary Public
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	\$ 4,550.03
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,993.30
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: 5
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) David Richardson 6 Contributor address; City; State; Zip Code 33 Sundown Pkwy Austin TX 78746	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Atty		9 Employer (See Instructions) Self
Date 03/25/2026	Full name of contributor out-of-state PAC (ID#: _____) Debra Hurt Contributor address; City; State; Zip Code 9102 Atwater Cv Austin TX 78733	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self
Date 03/25/2026	Full name of contributor out-of-state PAC (ID#: _____) Scott Kelly Contributor address; City; State; Zip Code 14 Sugar Creek Dr West Lake Hills TX 78746	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Howerton Eye
Date 03/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Pete Morford Contributor address; City; State; Zip Code 105 Crestwood Court Austin TX 78746	Amount of contribution (\$) 206.10
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Retired
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: 5
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2026 <small>+</small>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Sexton 6 Contributor address; City; State; Zip Code 2903 Creeks Edge Pkwy Austin TX 78733	7 Amount of contribution (\$) 26.02
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Compass
Date 3/29/2021 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Faith Contributor address; City; State; Zip Code 1608 Saracen Road Austin TX 78633	Amount of contribution (\$) 257.54
Principal occupation / Job title (See Instructions) HR Executive		Employer (See Instructions) Uber
Date 4/1/2026 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Ivers Contributor address; City; State; Zip Code 73 St Stephens School Rd Austin TX 78746 <small>+</small>	Amount of contribution (\$) 1029.29
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Taiga Data
Date 4/1/2026 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George and Karen Casey Contributor address; City; State; Zip Code 4620 Mantle Drive Austin TX 78746 <small>+</small>	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Community Influencer		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2026 +	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayci Celesta Sheehan ----- 6 Contributor address; City; State; Zip Code 1712 Ben Crenshaw Way AUSTIN, TX TX 78746	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) na		9 Employer (See Instructions) na
Date 4/7/2026 +	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Glickman ----- Contributor address; City; State; Zip Code 4604 Mantle Drive Austin TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Statt
Date 4/9/2026 + 1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Cantella ----- Contributor address; City; State; Zip Code 704 Elder Cir Austin TX 78733	Amount of contribution (\$) 51.75
Principal occupation / Job title (See Instructions) At home Mom		Employer (See Instructions) None
Date 4/11/2026 +	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Walk ----- Contributor address; City; State; Zip Code 1342 Lost Creek Blvd Austin TX 78746	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrative Emergency Services
<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

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2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/20 <small>+</small>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt and Jenniann McKnight 6 Contributor address; City; State; Zip Code 9 Muir Ln Austin TX 78746	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Broker Realtor		9 Employer (See Instructions) Self
Date 4/14/20 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Haydt Contributor address; City; State; Zip Code 8800 Capehart Cove Austin TX 78733	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 4/14/2026 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nigel Stout Contributor address; City; State; Zip Code 2209 Cliffs Edge Dr. Austin TX 78733	Amount of contribution (\$) 309.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 4/16/20 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick Howard Contributor address; City; State; Zip Code 1303 Pasaguarda Drive Austin TX 78746-7413	Amount of contribution (\$) 257.54
Principal occupation / Job title (See Instructions) Markwting		Employer (See Instructions) Portalis AI

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: 5
2 FILER NAME Katherine Ivers		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/20 <small>+</small>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Pat Dries	7 Amount of contribution (\$) 154.64
	6 Contributor address; City; State; Zip Code 2627 W Lake Park Court Mequon WI 53092	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) na
Date 4/22/2021 <small>+</small>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Radwanski	Amount of contribution (\$) 51.75
	Contributor address; City; State; Zip Code 4502 Bunny Run, Austin, TX 78746	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
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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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 04/13/2026	5 Payee name Fed Ex
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6 Amount (\$) 192.67	7 Payee address; 3300 Bee Caves Rd. Auite 715, Austin, TX 78746 <small>City; State; Zip Code</small> <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) printing expense	(b) Description print materials
	(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 04/15/2026	Payee name JoJos Bakery
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Amount (\$) 36.37	Payee address; 1104 Cuernavaca Dr N, Austin, TX 78733 <small>City; State; Zip Code</small> <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) event expense	Description meet & Greet
	<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 4/16/2026	Payee name Campaign Partner
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Amount (\$) 29.00	Payee address; CampaignPartner.com PO Box 119 589 River, Massachusetts 01467 <small>City; State; Zip Code</small> <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) Marketing expense	Description website
	<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

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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)
4 Date 04/20/2026	5 Payee name Super Cheap Signs	
6 Amount (\$) 458.68	7 Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, Bldg D-1 Cedar Park, TX 78613 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description yard 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
Date 04/20/2026	Payee name Kona Ice	
Amount (\$) 256.50	Payee address; City; State; Zip Code https://www.kona-ice.com/local-site/kona-ice-of-greater-austin/ <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description meet & greet
	<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
Date 04/20/2026	Payee name FedEX	
Amount (\$) 138.56	Payee address; City; State; Zip Code 3300 Bee Caves Rd. Auite 715, Austin, TX 78746 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description printed materials
	<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

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: 4	2 FILER NAME Katherine Ivers	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2026	5 Payee name Super Cheap Signs	
6 Amount (\$) 554.93	7 Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, Bldg D-1 Cedar Park, TX 78613 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description road 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 03/30/2026	Payee name Kona Ice	
Amount (\$) 256.50	Payee address; City; State; Zip Code https://www.kona-ice.com/local-site/kona-ice-of-greater-austin/ <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description Meet & Greet
	<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 04/26/2026	Payee name Trader Joe's	
Amount (\$) 51.93	Payee address; City; State; Zip Code 2805 Bee Caves Rd, Austin, TX 78746 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description meet & greet
	<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

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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)
4 Date 04/20/2026	5 Payee name Randall's	
6 Amount (\$) 10.05	7 Payee address; City; State; Zip Code 3300 Bee Caves Rd, West Lake Hills, TX 78746 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description paper supplies
	(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
Date 04/20/2026	Payee name FedEx	
Amount (\$) 8.11	Payee address; City; State; Zip Code 3300 Bee Caves Rd. Auite 715, Austin, TX 78746 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) print expense	Description printing materials
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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