# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction	Guide explains how to complete	this form.		Total pages filed:     16
CANDIDATE / OFFICEHOLDER NAME		RST nda	МІ	OFFICE USE ONLY  Date Received
	NICKNAME LA	IST elson	SUFFIX	Sauca I Ivan
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU	JITE#; CITY;	2IP CODE 0	Receipt # 2 42 01 018 R C V D
Change of Address	The Woodlands, TX 77381		30	Date Processed  Date Imaged
CAMPAIGN TREASURER NAME		arry	MI	
	NICKNAME LA	anton	SUFFIX	
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO		# /PO	STATE; ZIP CODE
			s, 1 % /	7385
CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	31 - 362 -	2924	
REPORT TYPE	January 15	30th day before election		15th day after campaign treasurer appointment (officeholder only)  Final Report (Attach C/OH-FR)
PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day 06/30/202	Year 24
D ELECTION	ELECTION DATE Month Day Year 11/05/2024	Primary  X General	ELECTION TYPE Runoff Special	Other
1 OFFICE	OFFICE HELD (if any) The Woodlands Township Bo Woodlands Montgomery	ard of Directors District	12 OFFICE SOUGHT The Woodlands District Woodlan	Township Board of Directors
	xas Ethics Commission	GO TO PAGE 2		<b>04:29 PM</b> Version V4.1.0.d378ab

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

of 16

				2 01 16	
13 C / OH NAME	Nelson, Linda		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made with d officeholders are required to report this informa-	out the candidate's or officel	nolder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAM	E		
		COMMITTEE CAMPAIGN TREASURER ADD	RESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE 8	HAN PLEDGES, LOANS, ELECTRONICALLY)	\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 38,750.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZEO POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,241.95	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$ 37,638.32	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
JENNIFER KEY Notary Public, State of Texas Comm. Expires 03-30-2026 Notary ID 125638924  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					
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid LINA HISPN ertify which, witness my hand and seal of office.	, this the	day	
	ta	Jennifor Kan	Klotany A	. LJ: C	
Similaria	cer administering				
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath	

## **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

				3 of 16
18 FILER	NAM	E	19 Filer ID	
Nelso	on, Lii	nda		
20 SCHE NAME		SUBTOTAL AMOUNT		
1. [	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 38,750.00	
2. [		\$		
3. [		\$		
4. [		SCHEDULE E: LOANS		\$
5. [	х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,241.95
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	1	\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. [		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. [		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
				-
		a 3		⊕ •
		• •		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/5 Rpt: 4/16 2 FILER NAME 3 Filer ID Nelson, Linda Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/08/2024 Alexander, Daniel \$100.00 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) n/a n/a Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/26/2024 Blair Law Firm \$250.00 Contributor address; City; State; Zip Code 7 Grogan's Park Drive #3 The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 Blanton, Barry \$250.00 Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Blanton Advisors, LLC Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 05/08/2024 Brady for Congress \$5,000.00 Contributor address; City; State; Zip Code PO BOX 8277 The Woodlands, TX 77387 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/07/2024 Daigle, Ralph \$5,000.00 Contributor address; City; State; Zip Code The Woodlands, TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 2/5 Rpt: 5/16	=
2	FILER NAME Nelson, Lind	a	•	3 Filer ID	
4	Date 04/24/2024  5 Full name of contributor		7 Amount of Contribution (\$)	\$100.00	
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)     Retired		
	Date 05/08/2024  Full name of contributor out-of-state PAC (ID#:)  Effendi, Sabih  Contributor address; City; State; Zip Code  Spring, TX 77386			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	1	
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Ferester, Robert  Contributor address; City; State; Zip Code  The Woodlands, TX 77380		Amount of Contribution (\$)	\$150.00
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions) Self		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_Futcher, Patricia  Contributor address; City; State; Zip Code  The Woodlands, TX 77380		Amount of Contribution (\$)	\$15,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)	
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_Gable, Ryan  Contributor address; City; State; Zip Code  Spring, TX 77393		Amount of Contribution (\$)	\$500,00
	Principal occu Constable	pation / Job title (See Instructions)	Employer (See Instructions Montgomery County		
	Α				

	ARY POLITICAL (	CONTRIBUTIO	N5		SCHEDUL	E A1
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/16		
FILER NAME Nelson, Linda			3	Filer (D		
Date 5 05/02/2024	Full name of contributor Goldmeyer, Jim Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
Principal occupa	The Woodlands, TX 7738		9 Employer (See Instruction Retired	s)		
Date 05/08/2024	Full name of contributor Hiller, Scott and Ruth  Contributor address; City; St  The Woodkands, TX 7738				Amount of Contribution (\$)	\$500.00
Principal occupa Owner	ation / Job title (See Instructions	s)	Employer (See Instruction SWH	s)		
Date 04/27/2024	Full name of contributor Johnson, Rob  Contributor address; City; St  Spring, TX 77381	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
Principal occupa Retired	ation / Job title (See Instructions	5)	Employer (See Instruction	ıs)		
			Retired			
Date 05/08/2024	Full name of contributor Leakey, Ann Contributor address; City, St	out-of-state PAC (ID#:_	Retired		Amount of Contribution (\$)	\$200.00
05/08/2024	Leakey, Ann	tate; Zip Code	Retired  Employer (See Instruction Retired	as)	Amount of Contribution (\$)	\$200.00
05/08/2024	Leakey, Ann Contributor address; City, St Spring, TX 77382	tate; Zip Code  out-of-state PAC (ID#:_	Employer (See Instruction		Amount of Contribution (\$)  Amount of Contribution (\$)	\$200.00 \$5,000.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/5 Rpt: 7/16 2 FILER NAME 3 Filer ID Nelson, Linda 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/01/2024 Little, Michelle \$500.00 6 Contributor address; City; State; Zip Code Magnolia, TX 77354 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President Waste Connections Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 04/30/2024 Noll, Candice \$500.00 Contributor address; City; State; Zip Code Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Design Canitaly Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/23/2024 Perry, Will \$1,000,00 Contributor address; City; State; Zip Code Magnolia, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Perry electric Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2024 Pilgrim, cheryl \$500.00 Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/24/2024 Schumacher, Joe \$100.00 Contributor address; City; State; Zip Code Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONET	TARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
The Instru	uction Guide explains how to complete this t	1 Total pages Sch: 5/5 R			
2 FILER NAME Nelson, Line		3 Filer ID			
4 Date 05/09/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of C		\$2,500.00
	The Woodlands, TX 77381				
8 Principal occi Realtor	upation / Job title (See Instructions)	9 Employer (See Instructions Exp	s)		
Orms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us		Version V4.1.	0.4220-1-

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wagas/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/8 Rpt: 9/16	Nelson, Linda
4	Date	5 Payee name
	01/02/2024	Better Bookkeepers Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	19221 Interstate 45 South
		Suite 250
		The Woodlands, TX 77385
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Accounting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2024	Better Bookkeepers Inc
	Amount (\$)	Payee address; City; State; Zip Code
	<b>\$15</b> 0.00	19221 Interstate 45 South
		Suite 250
		The Woodlands, TX 77385
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	_	Accounting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	05/07/2024	Bosscat
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,234.05	9595 Six Pines Dr
		Unit 250
		The Woodlands, TX 77380
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Events
$\vdash$	Complete ONLY if direct	Condidate/Office holder name Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Forder & Related Physics

Cano	utions/ Donations Made B didate/Officeholder/Politica ard Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out of District OTHER (enter a category not listed	above)
4 700				ns now to con	inplete this form.	I	
· '	ages Schedule F1: 2/8 Rpt: 10/16	2 FILER NAM Nelson, Lir				3 Filer ID	
4 Date	•						
	2004	5 Payee name	1				
01/17/	2024	CVS	***				
6 Amount	t (\$)	7 Payee addre	ess; City; Sta	ate; Zip Coo	de		
	\$24.00	4747 Rese	arch Forest Dr				
		The Model	ands, TX 77381				
		THE WOOD	anus, IX //Sol				
	RPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b) Description		
	OF NDITURE	Office Ove	rhead/Rental Expense		<u> </u>	outside of Texas. Complete Schedule T,	
- 7						n, TX, officeholder living expense	
					Supplies		
	te <u>ONLY</u> if direct iture to benefit C/O		iceholder name	Office soug	jht	Office held	
		<u> </u>	<u> </u>				
Date		Payee name					
03/01/2	2024	Cellar Twe	nty Four				
Amount	t (\$)	Payee addre	ess; City; Sta	ate; Zip Cod	de		
	\$371.77	6700 Wood	ilands Pkwy				
			, , , , , , , , , , , , , , , , , , ,				
		The Wood	ands, TX 77382				
1	RPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b) Description		
	OF NDITURE		rage Expense	1	Check if travel	outside of Texas. Complete Schedule T.	
EVE	NUMBE	ļ.	- ,		Check if Austi	n, TX, officeholder living expense	
		į			Events		
	te ONLY if direct		ficeholder name	Office sout	ght	Office held	
expend	iture to benefit C/O	Н					
Date		Dayne name					
l	2024	Payee name					
05/07/	2024	Events by	Jen				
Amoun	t (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de		
	\$876.83	9595 Six P	ines Dr				
		The Mood	ands, TX 77380				
		THE WOOD	alius, 1 / / / 300				
	RPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b) Description		
	OF NDITURE	Event Expe	ense		$\Box$	l outside of Texas. Complete Schedule T.	
						in, TX, officeholder living expense	
					Events		
	ete ONLY if direct		ficeholder name	Office sou	ght	Office held	
expend	liture to benefit C/O	Н					

#### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in District Travel Out of Dis

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sataries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 3/8 Rpt: 11/16	Nelson, Linda	- 1
4	Date	5 Payee name	
	04/04/2024	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	$\dashv$
ľ	\$24.75	P.O. Box26466	
	Ψ24.73	F.O. BOX20400	
		Little Rock, AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Online Contribution Fees	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
Г	Date	Payee name	
	04/26/2024	Raise The Money	
Н	Amount (\$)	Payee address; City; State; Zip Code	$\neg$
	\$10.30	P.O. Box26466	
	·		
		Links Deals AD 70001	
L		Little Rock, AR 72221	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Online Contribution Fees	
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	Complete ONLY if direct expenditure to benefit C/OR	Candidate/Officeholder name Office sought Office held  H	į
L			
	Date	Payee name	
	05/01/2024	Raise The Money	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.75	P.O. Box26466	
		Little Rock, AR 72221	
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if top of cutside of Top as Complete Schedule T	
ı	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
ı		Online Contribution Fees	
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$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
L			
<u>_</u>			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	ontributions/ Donations Made By Candidate/Officeholder/Politica redit Card Payment	
4 To	tal acces Calcadula Ed.	
	tal pages Schedule F1:	
,	Sch: 4/8 Rpt: 12/16	Nelson, Linda
4 Da	te	5 Payee name
05	/02/2024	Raise The Money
6 An	nount (\$)	7 Payee address; City; State; Zip Code
	\$24.75	P.O. Box26466
	ΨΕ4.70	1.0, 00,20400
	_	Little Rock, AR 72221
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
_	OF XPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	AFENDITORE	Check if Austin, TX, officeholder living expense
		Online Contribution Fees
	mplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
ex	penditure to benefit C/OI	Н
Da	ite.	Payee name
	6/03/2024	Raise The Money
An	nount (\$)	Payee address; City; State; Zip Code
	\$24.75	P.O. Box26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
E	XPENDITURE	Check if Austin, TX, officeholder living expense
		Online Contribution Fees
	•	
Co	mplete ONLY if direct	Candidate/Officeholder name Office sought Office held
	penditure to benefit C/OI	
		1
Da		Payee name
05	5/06/2024	Raise The Money
An	nount (\$)	Payee address; City; State; Zip Code
	\$5.15	P.O. Box26466
		Little Rock, AR 72221
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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		Online Contribution Fees
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	andata ONEN Scale	
	omplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Form -	provided by Tayon F	This Commission

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER leaves a street of the property of

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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1	Total pages Schedule F1: Sch: 5/8 Rpt: 13/16	2 FILER NAME 3 Filer ID Nelson, Linda
4	·	
4		5 Payee name
	05/09/2024	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.60	P.O. Box26466
	# 10 m	
		Links Dead, AD 20004
		Little Rock, AR 72221
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Online Contribution Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	D-1-	
	Date	Payee name
	05/10/2024	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$24,75	P.O. Box26466
		Links Deads AD Tooks
L		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	CAPERDITORE	Check if Austin, TX, officeholder living expense
		Online Contribution Fees
L		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
F	Date	Daves name
	05/13/2024	Payee name Raise The Money
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.75	P.O. Box26466
		Little Rock, AR 72221
┝	DUDDOG	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Contribution Fees
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Ļ	rms provided by Tayon E	thise Commission

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:		Filer ID
_	Sch: 6/8 Rpt: 14/16	Nelson, Linda	110.12
4	Date	5 Payee name	
	05/17/2024	Raise The Money	
6	Amount (\$) \$12.50	7 Payee address; City; State; Zip Code P.O. Box26466  Little Rock, AR 72221	
8	PURPOSE OF EXPENDITURE	1 000	tside of Texas. Complete Schedule T. X, officeholder living expense ution Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2024	Raise The Money	
	Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box26466	
		Little Rock, AR 72221	
	PURPOSE OF EXPENDITURE	1 000	uside of Texas. Complete Schedule T. IX, officeholder living expense ution Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/21/2024	The Woodlands Republican Women	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 7294	
		The Woodlands, TX 77387	
	PURPOSE OF EXPENDITURE	onide overridadi ventar Expense	rtside of Texas. Complete Schedule T. FX, officeholder living expense and Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
En	ms provided by Texas E	hics Commission www.ethics.state.tx.us	Version V4.1.0.d378aba
U	ms provided by Texas E	uios commissión mmm'etinics'state'ty'nz	ACI2IOH A4'T'O'02 L9909

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form			/Contract Labor	OTHER (enter a category not	listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E		131	3	Filer ID			
	Sch: 7/8 Rpt: 15/16	Nelson, Lir	nda							
4	Date	5 Payee name								
	01/17/2024	UPS Store								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$6.00	4747 Rese	arch Forest Dr							
			n n							
			ands, TX 77381							
8	PURPOSE OF	I	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees			ĺ		uside of Texas. Complete Schedu FX, officeholder living expense	ile T.		
						Notary Fee	The street state of the st			
						,				
9	Complete ONLY if direct		ficeholder name	Office sou	ught		Office held			
	expenditure to benefit C/OI	Н								
Г	Date	Payee name	9							
	01/31/2024	Woodfores	t National Bank							
┢	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$12.00	19221 I-45	•	,						
		Suite 100								
		Conroe, T	K 77385							
H	PURPOSE				(h)	Description				
	OF	Fees	See Categories listed at the top	of this schedule)	(5)		utside of Texas. Complete Schedu	ule T.		
	EXPENDITURE	1 003					TX, officeholder living expense			
						Bank Charges				
			officeholder name Office sought			Office held				
	expenditure to benefit C/OH									
	Date	Payee name	3							
	02/29/2024	Woodfores	st National Bank							
Т	Amount (\$) Payee address; City; State; Zip Code									
	\$12.00									
		Suite 100								
		Conroe, T	X 77385							
┝	PURPOSE		See Categories listed at the top	of this pobodule)	(b)	Description				
	OF	Fees	See Categories isted at the top	or uns screency	'	·	utside of Texas. Complete Sched	ule T.		
	EXPENDITURE					Check if Austin,	TX, officeholder living expense			
						Bank Charges	3			
	Complete ONLY if direct		ficeholder name	Office so	ught		Office held			
	expenditure to benefit C/OH									
FΩ	rms provided by Texas F	thics Commiss	ion uman	ethics state ty	HE		Version	V4.1.0.d378aha0		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	ll Corr	nmittee	Legal Services The Instruction Gui				Contract Labor e this form.	0	THER (enter a categor	y not listed above)
1	Total pages Schedule F1:	2	FILER NAME			7.5			3 Fi	iler ID	
	Sch: 8/8 Rpt: 16/16		Nelson, Lind	da							
4	Date	5	Payee name								
	03/31/2024		Woodforest	National Bank				11			
6	Amount (\$)		Payee addres	ss; City;	State;	Zip Cad	е				
	\$12.00		19221 I-45								
			Suite 100								
			Conroe, TX	77385							:
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	e top of this schedu	<sub>ile)</sub> (I	b) [	Description			- "- "
	EXPENDITURE		Fees				Ļ	_		of Texas. Complete Sc	
				Check if Austin, TX, officeholder living expense  Bank Charges					e e		
							٠	our charge.	,,,		
9	Complete ONLY if direct		andidate/Offi	ceholder name	Off	ice sougl	ht			Office held	
	expenditure to benefit C/O	Н				_					
	Date		Payee name								
	04/30/2024		Woodforest	National Bank							
	Amount (\$)		Payee addre:	ss; City;	State;	Zip Cod	e				
	\$12.00		19221 I-45								
			Suite 100								
			Conroe, TX	77385							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sched	ule) (	b) (	Description			
OF EXPENDITURE			Fees				[	_		of Texas. Complete So	
							Ļ	Check if Austin, Bank Charge		fficeholder living expens	se
						1		Balik Charge	23		
	Complete ONLY if direct		andidate/Offi	ceholder name	Off	ice sougi	ht			Office held	
	expenditure to benefit C/O	Н									