

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	19	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Katelyn		MI	Date Received BY Date Hand Delivered or Date Postmarked JAN 22 AM 11:30 ED	
	NICKNAME	LAST Logie	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify)		
5 ORIGINAL PERIOD COVERED	Month 7	Day 1	Year / 2025	Month 12	Day 31	Year / 2025
6 EXPLANATION OF CORRECTION	<p>Original was missing final affidavit page for paper filing and the Remitted Schedules that are attached to this amended campaign finance report.</p>					

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Katelyn Logie, and my date of birth is 11/13/1990.

My address is 1790 Mercer Parkway Apt. 11401, Farmers Branch, TX, 75239, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 16th day of January, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	Katelyn Logie		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)	\$ 16,780.91	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,171.88	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,609.03	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A	
OUTSTANDING LOAN TOTALS			

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



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

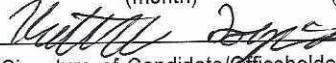
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Katelyn Logie, and my date of birth is 11/13/1990
My address is 1790 Mercer Pkwy, Apt. 11404, Farmers Branch, TX, 75234, USA
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of Texas, on the 16th day of January, 2026
(month) (year)


Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>5</i>
2 FILER NAME <i>Katelyn Logie</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/21/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Zaki Law PLLC</i>	7 Amount of contribution (\$) <i>\$158.47</i>
6 Contributor address; <i>2617 Bissonnet St.</i> City; <i>Houston</i> State; <i>TX</i> Zip Code <i>77005</i>		9 Contributor's job title <i>Owner / Attorney</i>
8 Contributor's principal occupation <i>Attorney / Law</i>		10 Contributor's employer/law firm <i>Zaki Law PLLC</i>
11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>7/21/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>ISAAC LIDJI</i>
Contributor address; <i>10440 N. Central Expy Suite 1240</i> City; <i>Dallas</i> State; <i>TX</i> Zip Code <i>75231</i>		Amount of contribution (\$) <i>\$527.47</i>
Contributor's principal occupation <i>Attorney / Law</i>		Contributor's job title <i>Owner / Attorney</i>
Contributor's employer/law firm <i>The LIDJI FIRM</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>7/22/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Damian Mata Jr.</i>
Contributor address; <i>124 Stainback ct.</i> City; <i>Red Oak</i> State; <i>TX</i> Zip Code <i>75154</i>		Amount of contribution (\$) <i>\$105.75</i>
Contributor's principal occupation <i>Attorney / Law</i>		Contributor's job title <i>Owner / Attorney</i>
Contributor's employer/law firm <i>The Mata Firm</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: <i>S</i></p>																									
<p>2 FILER NAME <i>Katelyn Logie</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>																									
<p>4 Date <i>8/8/25</i></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Allison Miller</i></p>			<p>7 Amount of contribution (\$) <i>\$105.75</i></p>																									
<p>6 Contributor address; <i>1705 Crockett St</i></p>		<p>City; <i>Houston</i></p>	<p>State; <i>TX</i></p>	<p>Zip Code <i>77007</i></p>																									
<p>8 Contributor's principal occupation <i>Attorney / Law</i></p>		<p>9 Contributor's job title <i>Attorney</i></p>																											
<p>10 Contributor's employer/law firm <i>CoKinos Young</i></p>		<p>11 Law firm of contributor's spouse (if any)</p>																											
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <i>9/6/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Samantha Estrello</i></p> </td> <td> <p>Amount of contribution (\$) <i>\$105.75</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; <i>5105 95th St</i></p> </td> <td> <p>City; <i>Lubbock</i></p> </td> <td> <p>State; <i>TX</i></p> </td> <td> <p>Zip Code <i>79424</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Attorney / Law</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Attorney</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>Killion Estrello Law PC</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>9/6/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Samantha Estrello</i></p>			<p>Amount of contribution (\$) <i>\$105.75</i></p>	<p>Contributor address; <i>5105 95th St</i></p>		<p>City; <i>Lubbock</i></p>	<p>State; <i>TX</i></p>	<p>Zip Code <i>79424</i></p>	<p>Contributor's principal occupation <i>Attorney / Law</i></p>		<p>Contributor's job title <i>Attorney</i></p>			<p>Contributor's employer/law firm <i>Killion Estrello Law PC</i></p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/6/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Samantha Estrello</i></p>			<p>Amount of contribution (\$) <i>\$105.75</i></p>																									
<p>Contributor address; <i>5105 95th St</i></p>		<p>City; <i>Lubbock</i></p>	<p>State; <i>TX</i></p>	<p>Zip Code <i>79424</i></p>																									
<p>Contributor's principal occupation <i>Attorney / Law</i></p>		<p>Contributor's job title <i>Attorney</i></p>																											
<p>Contributor's employer/law firm <i>Killion Estrello Law PC</i></p>		<p>Law firm of contributor's spouse (if any)</p>																											
<p>If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <i>9/19/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Brian Schall</i></p> </td> <td> <p>Amount of contribution (\$) <i>\$527.47</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; <i>2049 Century Park East, Suite 2460 Los Angeles, CA 90067</i></p> </td> <td> <p>City; <i></i></p> </td> <td> <p>State; <i></i></p> </td> <td> <p>Zip Code <i></i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Attorney / Law</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Owner / Attorney</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>Schall Law</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>9/19/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Brian Schall</i></p>			<p>Amount of contribution (\$) <i>\$527.47</i></p>	<p>Contributor address; <i>2049 Century Park East, Suite 2460 Los Angeles, CA 90067</i></p>		<p>City; <i></i></p>	<p>State; <i></i></p>	<p>Zip Code <i></i></p>	<p>Contributor's principal occupation <i>Attorney / Law</i></p>		<p>Contributor's job title <i>Owner / Attorney</i></p>			<p>Contributor's employer/law firm <i>Schall Law</i></p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>9/19/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Brian Schall</i></p>			<p>Amount of contribution (\$) <i>\$527.47</i></p>																									
<p>Contributor address; <i>2049 Century Park East, Suite 2460 Los Angeles, CA 90067</i></p>		<p>City; <i></i></p>	<p>State; <i></i></p>	<p>Zip Code <i></i></p>																									
<p>Contributor's principal occupation <i>Attorney / Law</i></p>		<p>Contributor's job title <i>Owner / Attorney</i></p>																											
<p>Contributor's employer/law firm <i>Schall Law</i></p>		<p>Law firm of contributor's spouse (if any)</p>																											
<p>If contributor is a child, law firm of parent(s) (if any)</p>																													
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>																													

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>5</i>
2 FILER NAME <i>Katelyn Logic</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Fremont Consulting Group LLC</i>	7 Amount of contribution (\$) <i>\$263.90</i>
6 Contributor address; <i>4800 South Chicago Beach Dr., Unit 2112N Chicago, IL 60615</i>	City; State; Zip Code	
8 Contributor's principal occupation <i>County Auditor</i>	9 Contributor's job title <i>County Auditor</i>	
10 Contributor's employer/law firm <i>Dallas County</i>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/11/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Lauren Thompson</i>
Contributor address; <i>██████████ KL</i>		Amount of contribution (\$) <i>\$26.68</i>
Contributor's principal occupation <i>Attorney / Law</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Lindon Stephens Schultz</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/17/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Tim Newsom</i>
Contributor address; <i>2616 Notre Dame Dr Plano, TX 75093</i>		Amount of contribution (\$) <i>\$263.90</i>
Contributor's principal occupation <i>Attorney / Law</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Offices of Frank L. Branson PC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <u>5</u>		
2 FILER NAME <i>Katelyn Logie</i>		3 Filer ID (Ethics Commission Filers)		
4 Date <i>10/23/25</i>	5 Full name of contributor <i>Kathleen Kearney</i>	6 Contributor address; City; State; Zip Code <i>PO Box 192006 Dallas TX 75219</i>	7 Amount of contribution (\$) <i>\$2,000.00</i>	
8 Contributor's principal occupation <i>Attorney / Law / Nurse</i>		9 Contributor's job title <i>Owner / Attorney</i>		
10 Contributor's employer/law firm <i>Kearney Law Firm</i>		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>10/27/25</i>		Full name of contributor <i>Marissa Maggio</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>2621 Regal Road Plano, TX 75075</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor's principal occupation <i>Attorney / Law</i>		Contributor's job title <i>Owner / Attorney</i>		
Contributor's employer/law firm <i>Maggio Injury Law</i>		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date <i>12/30/25</i>		Full name of contributor <i>Adrian Zamora</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>8308 Dixon Dr Austin TX 78745</i>	Amount of contribution (\$) <i>\$105.75</i>
Contributor's principal occupation <i>Hospitality</i>		Contributor's job title <i>Hospitality Sales</i>		
Contributor's employer/law firm <i>White Lodging</i>		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
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 (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: 5</p>
<p>2 FILER NAME <i>Katelyn Logie</i></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 12/31/25</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Fawaz Anwar</i></p>	<p>7 Amount of contribution (\$) <i>\$28.01</i></p>
<p>6 Contributor address; City; State; Zip Code</p>		
<p>8 Contributor's principal occupation <i>Senior Policy Advisor</i></p>		<p>9 Contributor's job title <i>Senior Policy Advisor</i></p>
<p>10 Contributor's employer/law firm <i>Texas House of Representatives</i></p>		<p>11 Law firm of contributor's spouse (if any)</p>
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 7/23/25</p>		
<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Gary N. Schepps</i></p>		<p>Amount of contribution (\$) <i>\$250.00</i></p>
<p>Contributor address; City; State; Zip Code <i>PO Box 670804 Dallas, TX 75367</i></p>		
<p>Contributor's principal occupation <i>Attorney / Law</i></p>		<p>Contributor's job title <i>Owner / Attorney</i></p>
<p>Contributor's employer/law firm <i>Law Offices of Gary N. Schepps</i></p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date</p>		
<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____</p>		<p>Amount of contribution (\$)</p>
<p>Contributor address; City; State; Zip Code</p>		
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <input type="text" value="1"/>
2 FILER NAME <i>Katelyn Logie</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>6,081.22</i>
5 Date <i>7/23/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Weston</i>)	8 Amount of Contribution \$ <i>\$4,581.22</i> 9 In-kind contribution description <i>Event Expenses for campaign launch party</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
7 Contributor address; City; State; Zip Code <i>8848 Greenville Ave Dallas, TX 75243</i>		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) <i>Law</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Owner - Attorney</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Weston Legal PLLC</i>		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 <i>7/23/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sam Balas Cinematography</i>) Contributor address; City; State; Zip Code <i>8848 Greenville Ave Dallas TX 75243</i>	Amount of Contribution \$ <i>\$1,500.00</i> 1. In-kind contribution description <i>Video + Photography for campaign launch party</i> <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) <i>Film Maker / Photographer</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Film Maker / Photographer</i>
Contributor's employer/law firm (FOR JUDICIAL) <i>Self / Weston Legal PLLC</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)	
4 Date 10/20/25	5 Payee name Texas Democratic Party		
6 Amount (\$) \$1,115.00	7 Payee address: PO Box 15707 Austin, TX 78761 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Voter contact info.	(b) Description VAN Access	
	(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 12/8/25	Payee name Dallas Democratic Party		
Amount (\$) \$1,000.00	Payee address: 1414 N. Washington Ave Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee	
	<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 6/13/25-12/31/25	Payee name Donorbox / Stripe.com		
Amount (\$) \$574.12	Payee address: 1520 Belle View Blvd #4106 Alexandria, TX 76207 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation platform fees	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)	
4 Date 7/18/25	5 Payee name Amazon.com		
6 Amount (\$) \$159.12	7 Payee address: 410 Terry Ave North Seattle, WA 98109 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Decorations for campaign launch event	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<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 9/12/25	Payee name Canva		
Amount (\$) \$15.00	Payee address: PO Box 1330 Strawberry City: Hills NSW 2012 Australia <input type="checkbox"/> Check if individual's residence address.	State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design Software	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<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 6/11/25	Payee name Stonewall Democrats of Dallas		
Amount (\$) \$35.00	Payee address: Dallas, TX 75219 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Membership	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expenses	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: 8	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)	
4 Date 7/1/25 - 12/31/25	5 Payee name Wix.com		
6 Amount (\$) \$218.22	7 Payee address: 100 Gansevoort St. New York, NY 10014 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web hosting service fee for campaign website	
	(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 8/8/25 - 12/6/25	Payee name Accessible.com		
Amount (\$) \$251.12	Payee address: 1140 Broadway 14th Floor New York, NY 10001 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly fees for ADA compliant accessibility applwidget for campaign website	
	<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 12/6/25	Payee name The UPS Store		
Amount (\$) \$20.00	Payee address: 1222 N. Bishop Ave Unit 200 Dallas, TX 75208 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Notary Services for Petition pages	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
8	Katelyn Logie		
4 Date	5 Payee name		
11/24/25	Vistaprint		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$434.24	275 Wyman St. Waltham, MA	02451	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Printed campaign materials	
<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	Payee name		
11/20/25	Office Depot		
Amount (\$)	Payee address:	City:	State: Zip Code
\$25.53	Dallas, TX		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Printed signs to use for petition signature collection	
<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	Payee name		
11/17/25	Office Depot		
Amount (\$)	Payee address:	City:	State: Zip Code
\$30.96	Dallas, TX		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Printing Expense for campaign signs to hold	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/25	5 Payee name Costco		
6 Amount (\$) \$388.75	7 Payee address: 250 W Hwy 67 Duncanville, TX 75137 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description BULK postage (stamps) for mailers to voters	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/29/25	Payee name Dallas County Young Democrats		
Amount (\$) \$25.00	Payee address: 1414 N. Washington Ave Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Membership	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/28/25	Payee name Dallas County Democrats		
Amount (\$) \$250.00	Payee address: 1414 N. Washington Ave Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Event ticket	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Katelyn Logre	3 Filer ID (Ethics Commission Filers)	
4 Date 10/24/25	5 Payee name Printed Union LLC		
6 Amount (\$) \$893.07	7 Payee address: 8800 Chancellor Row Dallas, TX 75297	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Union Printed Push cards for door knocking	
	(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 9/29/25	Payee name Name Badge.com		
Amount (\$) \$59.60	Payee address: 205 Beechtree Blvd. Greenville, SC 29605	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name Badge with larger Print than first order	
	<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 7/28/25	Payee name Name Badge.com		
Amount (\$) \$88.28	Payee address: 205 Beechtree Blvd. Greenville, SC 29605	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name Badge to use at campaign events	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
8	Katelyn Logie		
4 Date	5 Payee name		
7/22/25	Vistaprint		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$361.83	275 Wymann St Waltham, MA 02451		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Shirts for campaign printed	
	(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	Payee name		
	Texas Freedom Network		
Amount (\$)	Payee address:	City:	State: Zip Code
	608 W 2nd St Austin, TX 78705 KL		
<input type="checkbox"/> Check if individual's residence address.			KL
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description membership	
	<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	Payee name		
12/4/25	Lashan Lynn		
Amount (\$)	Payee address:	City:	State: Zip Code
\$360.00	Fort Worth, TX		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense/Contract labor	Description Door Knocking for extra signatures	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

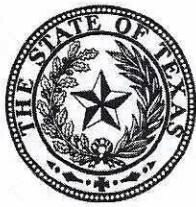
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
8	Katelyn Logie		
4 Date	5 Payee name		
7/18/25	Vistaprint		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$706.21	275 Wyman St, Waltham, MA 02451		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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	Payee name		
8/10/25	Dallas Black Women Attorneys Sparkler		
Amount (\$)	Payee address:	City:	State: Zip Code
\$33.85	Dallas, TX		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Ticket to Sparkler (DBWA) 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
Date	Payee name		
12/17/25	The 23rd Senatorial District Tejano Democrats		
Amount (\$)	Payee address:	City:	State: Zip Code
\$20.00	PO Box 226534 Dallas, TX 75222		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Membership for endorsement interview 2025-2026	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Katelyn Logie	

OFFICE USE ONLY	
Date Received	
BY	DALE LARSON
DATE	2026 JAN 25
RECEIVED	AMERICAN POLITICAL SOCIETY
DATE PROCESSED	2026 JAN 11
Date Imaged	
51	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the January 15th semi annual finance report report due on 1/13/25. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Katelyn Logie, and my date of birth is 1/13/1990.

My address is 1790 Mercer PKwy Apt 11404, Farmers Branch, TX, 75234, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 16th day of January, 2026.
(month) (year)

Katelyn Logie

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**