

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>19</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand Delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election			Date Imaged	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	7	1	2025	12	31

6 EXPLANATION OF CORRECTION Original was missing final affidavit page for paper filing and the itemized schedules that are attached to this amended campaign finance report.

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.

Katelyn Logie
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. 1404, 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)

Katelyn Logie
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

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 18

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5931 Greenville Ave, Unit #455
Dallas, TX 75206

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 638-9226

Date Hand Delivered on Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

"Christy" Aderemi

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

7101 S. Custer Rd. Apt. 4429
Dallas, TX 75070

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 836-7068

9 REPORT TYPE

☒ January 15

Amended

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign

treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified

Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 1 / 2025

THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Justice of the Peace Pct. 5 Pl. 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

Katelyn Logie

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)

Katelyn Logie
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: 5
2 FILER NAME Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Zaki Law PLLC	7 Amount of contribution (\$) \$158.47
6 Contributor address; City; State; Zip Code 2617 Bissonnet St. Houston TX 77005		
8 Contributor's principal occupation Attorney / Law		9 Contributor's job title Owner / Attorney
10 Contributor's employer/law firm Zaki Law PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ISAAC LIDJI	Amount of contribution (\$) \$527.47
Contributor address; City; State; Zip Code 10440 N. Central Expy Suite 1240 Dallas, TX 75231		
Contributor's principal occupation Attorney / Law		Contributor's job title Owner / Attorney
Contributor's employer/law firm The LIDJI FIRM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Damian Mata Jr.	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 124 Stainback Ct. Red Oak TX 75154		
Contributor's principal occupation Attorney / Law		Contributor's job title Owner / Attorney
Contributor's employer/law firm The Mata Firm		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: 5
2 FILER NAME Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Allison Miller	7 Amount of contribution (\$) \$105.75
6 Contributor address; City; State; Zip Code 1705 Crockett St Houston TX 77007		
8 Contributor's principal occupation Attorney / Law		9 Contributor's job title Attorney
10 Contributor's employer/law firm Cokinis Young		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 9/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Samantha Estrello	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 5105 95th St Lubbock TX 79424		
Contributor's principal occupation Attorney / Law		Contributor's job title Attorney
Contributor's employer/law firm Killion Estrello Law PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 9/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brian Schall	Amount of contribution (\$) \$527.47
Contributor address; City; State; Zip Code 2049 Century Park East, suite 2460 Los Angeles, CA 90067		
Contributor's principal occupation Attorney / Law		Contributor's job title Owner / Attorney
Contributor's employer/law firm Schall Law		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: 5
2 FILER NAME Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Fremont Consulting Group LLC	7 Amount of contribution (\$) \$263.90
6 Contributor address; City; State; Zip Code 4800 South Chicago Beach Dr., Unit 212N Chicago, IL 60615		
8 Contributor's principal occupation County Auditor		9 Contributor's job title County Auditor
10 Contributor's employer/law firm Dallas County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Lauren Thompson	Amount of contribution (\$) \$26.68
Contributor address; City; State; Zip Code 4800 South Chicago Beach Dr. KL		
Contributor's principal occupation Attorney / Law		Contributor's job title Attorney
Contributor's employer/law firm Lindow Stephens Schultz		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tim Newsom	Amount of contribution (\$) \$263.90
Contributor address; City; State; Zip Code 2616 Notre Dame Dr Plano, TX 75093		
Contributor's principal occupation Attorney / Law		Contributor's job title Attorney
Contributor's employer/law firm Law Offices of Frank L. Branson PC		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: 5
2 FILER NAME Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kathleen Kearney	7 Amount of contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code PO Box 192006 Dallas TX 75219		
8 Contributor's principal occupation Attorney / Law / Nurse		9 Contributor's job title Owner / Attorney
10 Contributor's employer/law firm Kearney Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Marissa Maggio	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2621 Regal Road Plano, TX 75075		
Contributor's principal occupation Attorney / Law		Contributor's job title Owner / Attorney
Contributor's employer/law firm Maggio Injury Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Adrian Zamora	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 8308 Dixon Dr Austin TX 78745		
Contributor's principal occupation Hospitality		Contributor's job title Hospitality Sales
Contributor's employer/law firm White Lodging		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: 5
2 FILER NAME Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Fawaz Anwar	7 Amount of contribution (\$) \$28.01
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation Senior Policy Advisor		9 Contributor's job title Senior Policy Advisor
10 Contributor's employer/law firm Texas House of Representatives		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Gary N. Schepps	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code PO Box 670804 Dallas, TX 75367		
Contributor's principal occupation Attorney / Law		Contributor's job title Owner / Attorney
Contributor's employer/law firm Law Offices of Gary N. Schepps		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	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.

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: <u>1</u>	
2 FILER NAME <u>Katelyn Logie</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>6,081.22</u>	
5 Date <u>7/23/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Michael Weston</u>	8 Amount of Contribution \$ <u>\$4,581.22</u>	9 In-kind contribution description <u>Event Expenses for campaign launch party</u>
7 Contributor address; City; State; Zip Code <u>8848 Greenville Ave Dallas, TX 75243</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <u>Law</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>Owner - Attorney</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>Weston Legal PLLC</u>		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 <u>7/23/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sam Balas Cinematography</u>	Amount of Contribution \$ <u>\$1,500.00</u>	In-kind contribution description <u>Video + Photography for campaign launch party</u>
Contributor address; City; State; Zip Code <u>8848 Greenville Ave Dallas TX 75243</u>		<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) <u>Film Maker / Photographer</u>		Contributor's job title (FOR JUDICIAL) (See Instructions) <u>Film Maker / Photographer</u>	
Contributor's employer/law firm (FOR JUDICIAL) <u>Self / Weston Legal PLLC</u>		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: <div style="text-align: center;">8</div>	2 FILER NAME <div style="text-align: center;">Katelyn Logie</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">10/20/25</div>	5 Payee name <div style="text-align: center;">Texas Democratic Party</div>	
6 Amount (\$) <div style="text-align: center;">\$1,115.00</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">PO Box 15707 Austin, TX 78761</div> <input type="checkbox"/> Check if individual's residence address.	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Other - Voter contact info.</div>	
	(b) Description <div style="text-align: center;">VAN Access</div>	
<input type="checkbox"/> (c) 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		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div>Date <div style="text-align: center;">12/8/25</div></div> <div>Payee name <div style="text-align: center;">Dallas Democratic Party</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div>Amount (\$) <div style="text-align: center;">\$1,000.00</div></div> <div> Payee address; City; State; Zip Code <div style="text-align: center;">1414 N. Washington Ave Dallas, TX 75204</div> <input type="checkbox"/> Check if individual's residence address. </div> </div>		
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>	
	Description <div style="text-align: center;">Filing Fee</div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div>Date <div style="text-align: center;">6/13/25-12/31/25</div></div> <div>Payee name <div style="text-align: center;">Donorbox / Stripe.com</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div>Amount (\$) <div style="text-align: center;">\$574.12</div></div> <div> Payee address; City; State; Zip Code <div style="text-align: center;">1520 Belle View Blvd #4106 Alexandria, TX 22307</div> <input type="checkbox"/> Check if individual's residence address. </div> </div>		
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Accounting/Banking</div>	
	Description <div style="text-align: center;">Donation platform fees</div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

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: 8	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)
4 Date 7/18/25	5 Payee name Amazon.com	
6 Amount (\$) \$189.12	7 Payee address: 410 Terry Ave North City: State: Zip Code Seattle, WA 98109 <input type="checkbox"/> Check if individual's residence address.	
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	
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 Hills NSW 2012 City: State: Zip Code Australia <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 Design Software
	<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 6/11/25	Payee name Stonewall Democrats of Dallas	
Amount (\$) \$35.00	Payee address: Dallas, TX 75219 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) 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		

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: <div style="text-align: center; font-size: 1.5em;">8</div>	2 FILER NAME <div style="font-size: 1.2em;">Katelyn Logie</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">7/1/25 - 12/31/25</div>	5 Payee name <div style="font-size: 1.2em;">Wix.com</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$218.22</div>	7 Payee address; <div style="font-size: 1.2em;">100 Gansevoort St. New York, NY 10014</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City; State; Zip Code </div> <input type="checkbox"/> Check if individual's residence address.	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	
	(b) Description <div style="font-size: 1.2em;">Web hosting service fee for campaign website</div>	
	(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		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<hr/>		
Date <div style="font-size: 1.2em;">8/8/25 - 12/6/25</div>	Payee name <div style="font-size: 1.2em;">Accessibe.com</div>	
Amount (\$) <div style="font-size: 1.2em;">\$251.12</div>	Payee address; <div style="font-size: 1.2em;">1140 Broadway 14th Floor New York, NY 10001</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City; State; Zip Code </div> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fees</div>	
	Description <div style="font-size: 1.2em;">Monthly fees for ADA compliant accessibility app/widget for campaign website</div>	
	<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		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<hr/>		
Date <div style="font-size: 1.2em;">12/6/25</div>	Payee name <div style="font-size: 1.2em;">The UPS Store</div>	
Amount (\$) <div style="font-size: 1.2em;">\$20.00</div>	Payee address; <div style="font-size: 1.2em;">1222 N. Bishop Ave Unit 200 Dallas, TX 75208</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> City; State; Zip Code </div> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fees</div>	
	Description <div style="font-size: 1.2em;">Notary Services for Petition pages</div>	
	<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		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

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: <u>8</u>	2 FILER NAME <u>Katelyn Logie</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>11/24/25</u>	5 Payee name <u>Vista print</u>	
6 Amount (\$) <u>\$434.24</u>	7 Payee address: <u>275 Wyman St. Waltham, MA 02451</u> <input type="checkbox"/> Check if individual's residence address	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>Printed campaign materials</u>
	(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 <u>11/20/25</u>	Payee name <u>office Depot</u>	
Amount (\$) <u>\$25.53</u>	Payee address: <u>Dallas, TX</u> 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) <u>Advertising Expense</u>	Description <u>Printed signs to use for Petition signature collection</u>
	<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 <u>11/17/25</u>	Payee name <u>office Depot</u>	
Amount (\$) <u>\$30.96</u>	Payee address: <u>Dallas, TX</u> 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) <u>Advertising Expense</u>	Description <u>Printing Expense for campaign signs to hold</u>
	<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: 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 City: State: Zip Code Duncanville, TX 75137 <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 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	
9 Complete <u>ONLY</u> 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 City: State: Zip Code Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	
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 10/28/25	Payee name Dallas County Democrats	
Amount (\$) \$250.00	Payee address: 1414 N. Washington Ave City: State: Zip Code Dallas, TX 75204 <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 Event ticket
	<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
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		
10/24/25	Printed Union LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$893.07	8800 Chancellor Row Dallas, TX 75247		
	<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
	Printing Expense		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	Payee name		
9/29/25	Name Badge.com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$59.60	205 Beechtree Blvd. Greenville, SC 29605		
	<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		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	Payee name		
7/28/25	Name Badge.com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$88.28	205 Beechtree Blvd. Greenville, SC 29605		
	<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		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			

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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			
7/22/25	Vistaprint			
6 Amount (\$)	7 Payee address:		City:	State: Zip Code
\$361.83	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		shirts for campaign printed	
	<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				
<hr/>				
Date	Payee name			
	Texas Freedom Network			
Amount (\$)	Payee address:		City:	State: Zip Code
	608 W 22nd St Austin, TX 78705			
	<input type="checkbox"/> Check if individual's residence address. KL			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Fees		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				
<hr/>				
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)		Description	
	Polling Expense/Contract Labor		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				

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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.

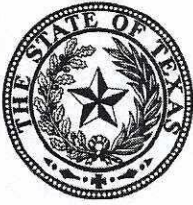
EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 8	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)
4 Date 7/18/25	5 Payee name VistaPrint	
6 Amount (\$) \$706.21	7 Payee address; 275 Wyman St, Waltham, MA 02451 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)	
	(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 8/10/25	Payee name Dallas Black Women Attorneys Sparkler	
Amount (\$) \$33.85	Payee address; Dallas, TX 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 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 12/17/25	Payee name The 23rd Senatorial District Tejano Democrats	
Amount (\$) \$20.00	Payee address; PO Box 226534 Dallas, TX 75222 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) Fees	
	Description 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 <u>Katelyn Logie</u>	Filer ID #
------------------------------------	------------

OFFICE USE ONLY	
Date Received	
BY <u>JAN L. MANN</u> COUNTY CLERK DALLAS COUNTY DEPUTY	2026 JAN 22 AM 11:51 FILED
Date Hand Delivered or Date Postmarked	Amount \$
Receipt #	
Date Processed	
Date Imaged	

- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the January 15th Semi-annual Finance Report report due on 1/15/25.
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 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 Filer (Declarant)

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