JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Katelyn	MI.	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date RRY DALL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		APT / SUITE #. C	Ne, Unit #455	UL 15 PM I
6 CANDIDATE/ OFFICEHOLDER PHONE	(469) 9	102 - 9969	N/A	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Christianah	МІ	Date Processed
	"Christy"	Aderemi	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	FIOL S.	NO PO BOX PLEASE). APT / SI Custer Rd Apt	UITE# CITY: Dallas	STATE: ZIP CODE 7 X 75070
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	836-7068	3 N/A	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 6	/ 12 / 202S	THROUGH 7	15 / 2025
11 ELECTION	Month Day	Year	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	Dailas County - Peace Precinct 5, Place 2.
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
33	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
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 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,308.62	
EXPENDITURE TOTALS	3. TOTAL UI	NITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL P	OLITICAL EXPENDITURES	\$ 1,416.59	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	\$ 4,304.20	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O Y OF THE REPORTING PERIOD	\$ 0.00	
18 SIGNATURE IS	swear or affirm under	penalty of perjury, that the accompanying report is true	e and correct and includes all information	
		me under Title 15, Election Code.	and correct and morages an mornator	
		1 /		
		Vetala.)	
		- Mally C	Dye	
		Signature of Ca	andidate/Officeholder	
		Please complete either option below	v:	
(1) Affidavit				
NOTARY STAMP/SE	AL			
Sworn to and subscribed	d before me by	this the	day of,	
20, to certif	fy which, witness my har	nd and seal of office.		
Signature of officer administ	tering oath	Printed name of officer administering oath	Title of officer administering oath	
		OR		
(2) Unsworn Declarate	tion			
My name is Kate	elvin Las:	e, and my date of birth is	11/13/1990	
	Mangak	D 14 . I DUDY	TX 75234 Doubles	
My address is 79	1 recey	7		
0.1/	(stree	- ICHA -	(state) (zip code) (country)	
Executed in Dallas County, State of Texas, on the 15th day of July , 2025.				
	Ket line 7			
1		- forcery	~ 00 gr 60	
		Signature of Cand	idate/Officeholder (Declarant)	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

Filer ID (Ethics Commission Filers)
SUBTOTAL AMOUNT
s 5,308. 62
\$
\$
\$
\$1,004.42
\$
NTRIBUTIONS \$
\$
s 672.17
JSINESS OF C/OH \$
FRIBUTIONS \$
NS RETURNED \$

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 4
2 FILER NAME	Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	D#:)	7 Amount of contribution (\$)
6/13/25	Brandy Alexander 6 Contributor address; City; 2502 La Branch St. Houston	State; Zip Code	\$10.86
8 Contributor's p	orincipal occupation Attorney	9 Contributor's job title	. Y
10 Contributor's e	Alexander Law, PLLC	11 Law firm of contributor's	spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
•	NI	4	
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
6120125	6(20125 Brandy Alexander Contributor address; City; State; Zip Code		\$ 519.49
	2502 La Branch St. Houst	on TX 77004	
Contributor's p	principal occupation	Contributor's job title	
	Attorney	Attorner	,
	employer/law firm	Law firm of contributor's	s spouse (if any)
	exander Law, PLLC s a child, law firm of parent(s) (if any)	,	// A
TO CONTINUE OF THE	N/A	4	
Date	Full name of contributor ut-of-state PAC	D#:)	Amount of contribution (\$)
613125	Kathleen Kearnet Contributor address; City;	State: Zip Code	\$100.00
	4310 N. Central Expy. Suite	109 TX 75206	
Contributor's principal occupation Contributor's job title			
Attorney Attorney			
Contributor's employer/law firm Kearney Law firm Law firm of contributor's		V/A	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: L		
2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC	ID#:		
613125 Megan McHolick	\$ 263, 90		
19723 Krosto Colorado St Cypresi	1, TX 77433		
8 Contributor's principal occupation	9 Contributor's job title		
Tehnical Consultant	Technical consultant		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)		
Xylem	N/A		
12 If contributor is a child, law firm of parent(s) (if any)			
NIA			
Date Full name of contributor out-of-state PAC	ID#: Amount of contribution (\$)		
Church Cores Marson	F100 70		
G14123 Corey Manion	\$105,75		
Contributor address; City;	State; Zip Gode		
313 Katherine Way	1		
Contributor's principal occupation	Contributor's job title		
NA	NA		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
NIA	NA		
If contributor is a child, law firm of parent(s) (if any)			
	NIA		
Date Full name of contributor out-of-state PAC	ID#:		
G15/25 Marco Crawford Contributor address; City;	State: Zip Code \$527,47		
8200 W Ito Frontage Rd, Sant			
Contributor's principal occupation	Contributor's job title		
Attorney	Owner		
Contributor's employer/law firm Law firm of contributor's spouse (if any)			
Marco Crawford Law, PLLC			
If contributor is a child, law firm of parent(s) (if any)			
\mathcal{N}_{ℓ}	'A		

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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 for	orm. 1 Total pages Schedule A(J)1: 4		
2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC	D#: 7 Amount of contribution (\$)		
6 Contributor address; City; 15777 Quorum Pr Addison			
8 Contributor's principal occupation	9 Contributor's job title		
Attorney	Attorney		
Jones, Davis, and Jackson, PC	11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
\mathcal{N}_{ℓ}	∕A		
Date Full name of contributor out-of-state PAC	D#:		
21/2/20 13/1/ 14			
6118125 Will Moye Contributor address; City;	\$ 500.00		
Contributor address; City;	State; Zip Code		
7554 Little Caprese Lane	Houston 1x 77055		
Contributor's principal occupation	Contributor's job title		
Aftorney	Owner		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
Moye firm			
If contributor is a child, law firm of parent(s) (if any)			
NIA			
Date Full name of contributor out-of-state PAC	Amount of contribution (\$)		
7/14/25 Cody Peterson Contributor address; City;	State: Zip Code \$263.90		
10309 Ambergate Lane Frise	6,TX 75035		
Contributor's principal occupation Contributor's job title			
Lawyer Managing Attorney			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
Weston Legal, PLLC	NIA		
If contributor is a child, law firm of parent(s) (if any)			
\mathcal{N}_{ℓ}	A		
-			

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SCHEDULE A(J)1

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

1	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 4
2 FILER NAME	Katelyn Logie		3 Filer ID (Ethics Commission Filers)
4 Date 7/14/25	5 Full name of contributor out-of-state PAC Michael Weston 6 Contributor address; City; 177 West Gray St. Hon	State; Zip Code	7 Amount of contribution (\$)
	Attornet	9 Contributor's job title Owne	
10 Contributor's e	Weston Legal, PLLC	11 Law firm of contributor's	
12 If contributor is	s a child, law firm of parent(s) (if any)	}	
7/15/25	Steve Kherkher Contributor address; City; Hough	State; Zip Code	Amount of contribution (\$)
Contributor's	principal occupation Attorney	Contributor's job title	r
Contributor's e	Kherkher Garcia LLP	Law firm of contributor's	spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	NIA	
Date 6/18/25	Full name of contributor out-of-state PAC Katelyn Logie Contributor address; City; Farmer 1790 Mercer PKW, Apt. 140	State: Zip Code	Amount of contribution (\$) \$411.50
Contributor's	principal occupation Aftorney	Contributor's job title	^
	employer/law firm e Law Firm, PLLC	Law firm of contributor's	
If contributor i	s a child, law firm of parent(s) (if any)	IA	

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/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	[1] 1	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Katelyn Logie	3 Filer ID (Ethics Commission Filers)
4 Date 7/12/25	6 Payee name Vistaprint	
6 Amount (\$) - \$532,27	7 Payee address: 275 Wy man 5t. W	laltham, Massachusetts 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business cards with campaign info, yard signs, flyers
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
P/13/25	Payee name Vi3taprint	
Amount (\$) -\$212.15	275 Wyman St. Walth	ram, Massachusetts 0245/
PURPOSE OF EXPENDITURE	Printing Expense and Advertising Expense	Large scroll poster with candidate info.
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name Fez Hussaini	
7/14/25	TVG Media Group	
Amount (\$)	Payee address;	City: State; Zip Code
-\$260.00	1090 West Exchange Pring	Allen, TX 75013
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Photography sorvice for campaisn mailer photos.
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services Salaries The Instruction Guide explains how to	STAR STARTS	nter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Katelyn Logie	3 Filer	ID (Ethics Commission Filers)
4 Date 6/16/25	6 Payee name Vista print		
Amount (\$) - \$515.17 Reimbursement from political contributions intended	7 Payee address: 275 Wyman St.	Waltham, MA	State: Zip Code 0 2 45l
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) Check if travel outside of Texas Complete Schedule T	(b) Description Printed comp	payn materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5/15/25	Sylverspace, Inc		
Amount (\$) ~ \$157.00 Reimbursement from political contributions intended	Squarspace, Inc Payee address: 225 Varick Street, 12	th Floor New York	State; Zip Code , NY 10014
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense	Bough websi	te domain
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, office	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder 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			