

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr David J
NICKNAME LAST SUFFIX
Olson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
28335 Sparkling Brook Lane Fulshear TX 77441

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(346) 387-1256

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms Sherry
NICKNAME LAST SUFFIX
VanWassonhove

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
28335 Sparkling Brook Lane Fulshear TX 77441

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(918) 406-1556

9 REPORT TYPE

☐ January 15 ☐ 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 Month Day Year
3 / 26 / 24 THROUGH 4 / 24 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
Description
5 / 4 / 24 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Katy ISD School Board Trustee Position 7

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

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

David Olson

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)

\$ 6,000.74

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,270.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 6,050.13

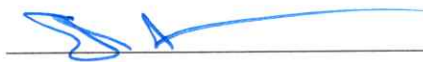
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 8,500.00

18 SIGNATURE

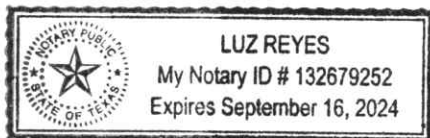
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Olson this the 26th day of April,

20 26, 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 _____, and my date of birth is _____.

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

David Olson

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,945.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 55.74
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,270.71
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/2024

5 Full name of contributor

Josh Holmes

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

29610 Circle S Ranch Trail; Richmond, TX 77406

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/27/2024

Full name of contributor

William Monohan

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

3070 Arbor Vine Way; Cumming, GA 30041

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2024

Full name of contributor

Oliver Salgado

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

3103 Lakes of Katy Ln; Katy, TX 77493

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2024

Full name of contributor

Jay and Amy Thieme

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

21202 Cresent Star Ct; Katy, TX 77450

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8****2** FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)**4** Date

03/28/2022

5 Full name of contributor

out-of-state PAC (ID#: _____)

Joyce Feigleson

7 Amount of contribution (\$)**500.00****6** Contributor address;

City;

State;

Zip Code

7314 Palmetto Springs Trail; Katy, TX 77493

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/28/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Michael & Jolie Morrow

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

27018 Skiers Crossing Dr; Katy, TX 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Robert & Karen Beham

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

24219 Falcon Point Dr; Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Brandon Seay

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

25903 Karen Rd; Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/2024

5 Full name of contributor

Victor Perez

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

4715 Bryce Landing Lane; Katy, TX 77494

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/28/2024

Full name of contributor

William Williams

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

24606 Garnet Stone Ln; Katy, TX 77494

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2024

Full name of contributor

Elias Fuentes

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

133 Lakehouse Landing Drive; Katy, TX 7493

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2024

Full name of contributor

Vim Head

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

3102 Lakes of Katy Ln; Katy, TX 77493

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8****2** FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)**4** Date

03/29/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Micheal Feigleson

7 Amount of contribution (\$)**350.00****6** Contributor address;

City;

State;

Zip Code

26300 Morton Road; Katy, TX 77493

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/30/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Home Katzman

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

20618 Park Bend Drive; Katy, TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Naheed Soomar

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

3818 Gable Grove Ln; Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Ted Hess

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

7315 Fountain Spray; Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)

4 Date

04/04/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Andrew Cummins

6 Contributor address;

City;

State;

Zip Code

1239 Rustic Knolls Dr; Katy, TX 77450

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/04/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Bernard & Mary Ellen Cuzela

Contributor address;

City;

State;

Zip Code

20311 Brondenburg Dr; Katy, TX 77450

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Chi Sexton

Contributor address;

City;

State;

Zip Code

2214 Glendavan Lane; Katy, TX 77450

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Darby Usey

Contributor address;

City;

State;

Zip Code

27814 Walsh Crossing Drive; Katy, TX 77494

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8****2** FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)**4** Date

04/10/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kathleen Wilson

7 Amount of contribution (\$)**50.00****6** Contributor address;

City;

State;

Zip Code

20342 Prince Creek Dr; Katy, TX 77450

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/10/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Larry Stotts

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

28511 Wild Mustang Lane; Fulshear, TX 77441

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Andrew Brown

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

19814 Sunbridge Lane; Houston, TX 77094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Danny Huckabee

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

6202 Santiago Mountain Court; Katy, TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)

4 Date

04/19/2024

5 Full name of contributor

Victoria Diermeier

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

19315 Indian Hawthorn Drive; Houston, TX 77094

7 Amount of contribution (\$)

10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/19/2024

Full name of contributor

Naheed Soomar

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

3818 Gable Grove Ln; Katy, TX 77494

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/21/2024

Full name of contributor

Jennifer Adler

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2603 Silent Spring Creek Ln; Katy, TX 77450

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2024

Full name of contributor

Rob Krusemark

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5307 Hanneck Valley Lane; Katy, TX 77450

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

David Olson

3 Filer ID (Ethics Commission Filers)

4 Date

04/23/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Linda Cobb

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

331 W Fair Harbor Ln; Houston, TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

1	Total pages Schedule A2:	1
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3	Filer ID (Ethics Commission Filers)
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\$

Revised 1/1/2024

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: 5	2 FILER NAME David Olson	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2024	5 Payee name Anna McQueen	
6 Amount (\$) 41.97	7 Payee address; City; State; Zip Code 3302 S Lake Village Dr; Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website development/maintenance; Social media account maintenance
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 03/30/2024	Payee name Cardiff Postal	
Amount (\$) 158.32	Payee address; City; State; Zip Code 4031 FM 1463, Suite 140; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign expenses - push card attachments
	Check if travel outside of Texas. Complete Schedule T. 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 03/30/2024	Payee name Cardiff Postal	
Amount (\$) 158.32	Payee address; City; State; Zip Code 4031 FM 1463, Suite 140; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign expenses - push card attachments
	Check if travel outside of Texas. Complete Schedule T. 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: 5	2 FILER NAME David Olson	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2024	5 Payee name Katy ISD Education Foundation	
6 Amount (\$) 415.13	7 Payee address; City; State; Zip Code 6301 S Stadium Dr; Katy, TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made by Candidate	(b) Description Katy Groove 2024 Fundraiser
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2024	Payee name Cardiff Postal	
Amount (\$) 70.00	Payee address; City; State; Zip Code 4031 FM 1463, Suite 40; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Expenses - push card attachments
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/07/2024	Payee name Home Depot	
Amount (\$) 70.36	Payee address; City; State; Zip Code 6850 Fry Rd; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Tposts for 4*4 campaign signs
	Check if travel outside of Texas. Complete Schedule T. 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: 5	2 FILER NAME David Olson	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2024	5 Payee name Home Depot	
6 Amount (\$) 23.77	7 Payee address; City; State; Zip Code 6850 Fry Rd; Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tposts for 4*4 campaign signs
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/16/2024	Payee name Cardiff Postal	
Amount (\$) 351.81	Payee address; City; State; Zip Code 4031 FM 1463 Rd, Ste 40; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Expenses - push card attachments
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/19/2024	Payee name Mammoth Marketing Group	
Amount (\$) 4,617.09	Payee address; City; State; Zip Code 4500 Bissonnet Street; Suite 370; Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Expenses - mailers
	Check if travel outside of Texas. Complete Schedule T. 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: 5	2 FILER NAME David Olson	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2024	5 Payee name Cardiff Postal	
6 Amount (\$) 105.40	7 Payee address; City; State; Zip Code 4031 FM 1463 Rd, Ste 40; Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Expenses - push card attachments
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/20/2024	Payee name Home Depot	
Amount (\$) 70.17	Payee address; City; State; Zip Code 6850 Fry Rd; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Tposts/zip ties for 4*4 campaign signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/23/2024	Payee name Anna McQueen	
Amount (\$) 41.97	Payee address; City; State; Zip Code 3302 S Lake Village Dr; Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website development/maintenance; Social media account maintenance
	Check if travel outside of Texas. Complete Schedule T. 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: 5	2 FILER NAME David Olson	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2024	5 Payee name Andedot.com	
6 Amount (\$) 146.40	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770; New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donation Processing Fees
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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, 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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