

# 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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Nicole	MI
	NICKNAME	LAST Roberts	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY STATE: ZIP CODE
	4522 Eagle Mountain Ct.	Richmond	TX 77406
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Gregory	MI
	NICKNAME	LAST Roberts	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #	CITY STATE: ZIP CODE
	4522 Eagle Mountain Ct.	Richmond	TX 77406
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(832) 326-1383	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting limit <input type="checkbox"/> Final report (Attach- COH-FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2026		01/22/2026
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 3/3/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Bend County Commissioner Pct. 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Nicole Roberts		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)	\$7,165.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$1,563.98
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$28,054.93
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

*Nicole L. Roberts*

Signature of Candidate or 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 Nicole L. Roberts, and my date of birth is June 9, 1977

My address is 4522 Eagle Mountain Ct. Richmond, TX 77406 USA  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas on the 2nd day of Feb. 20 25  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME Nicole Roberts	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7,165.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$153.09
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	\$1,410.89
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: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Irma Acosta 6 Contributor address; City; State; Zip Code 315 Waterside Estates Cir Richmond, TX 77406-8077	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kimberly Adams 6 Contributor address; City; State; Zip Code 3014 Biscuit Ct Missouri City, TX 77459-1548	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Quinn Development
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tyeshia Babineaux 6 Contributor address; City; State; Zip Code 2004 Rocky Meadow Ln Pearland, TX 77581-6538	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Valree Booker 6 Contributor address; City; State; Zip Code 3211 Sabine Point Way Missouri City, TX 77459-6432	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elaine Brewer 6 Contributor address; City; State; Zip Code 4526 Eagle Mountain Ct Richmond, TX 77406-7930	7 Amount of contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions)		9 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Calhoun 6 Contributor address; City; State; Zip Code 126 E Amite St Jackson, MS 39201-2101	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) IMS
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charmane Carter 6 Contributor address; City; State; Zip Code 1911 Darby Ln Fresno, TX 77545-9236	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ S Cravin 6 Contributor address; City; State; Zip Code 12518 Ivy Pearland, TX 77584	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marredia Crawford 6 Contributor address; City; State; Zip Code 9302 Balsam Gap Missouri City, TX 77459-7083	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Chief DEI Officer		9 Employer (See Instructions) Baker McKenzie
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kimberly Cunningham 6 Contributor address; City; State; Zip Code 14211 Red Creek Cove Ln Humble, TX 77396-3390	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linster Dennis 6 Contributor address; City; State; Zip Code 2810 Rocky Springs Dr Pearland, TX 77584-6776	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Aja Edwards 6 Contributor address; City; State; Zip Code 2530 Seedling St Richmond, TX 77406-3351	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Home Foster 6 Contributor address; City; State; Zip Code 3723 Ash Glen Dr Spring, TX 77388-4155	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tametra Garnier 6 Contributor address; City; State; Zip Code 18522 Arlan Lake Dr Spring, TX 77388-3585	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mhmg
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Char Girard 6 Contributor address; City; State; Zip Code 4014 Sweeney Lake Ct Richmond, TX 77406-8086	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Monique Gittens 6 Contributor address; City; State; Zip Code 2702 Bright Butternut Ct Richmond, TX 77406-2917	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wintana Harness 6 Contributor address; City; State; Zip Code 11115 Ormrod Ct Richmond, TX 77407-2871	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Malcom Hollins 6 Contributor address; City; State; Zip Code 2415 Lily Garden Ct Missouri City, TX 77459-1959	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Renice A Newton 6 Contributor address; City; State; Zip Code 21335 Cypress River Oak Dr Cypress, TX 77433-6749	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Byron ONeal 6 Contributor address; City; State; Zip Code 4 Chelsea Blvd Apt 1119 Houston, TX 77006-6267	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tamisha Piper 6 Contributor address; City; State; Zip Code 11027 Naworth Path Richmond, TX 77407-1862	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Toni Riley 6 Contributor address; City; State; Zip Code 23 Westpoint Dr Missouri City, TX 77459-6331	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Candace Robinson 6 Contributor address; City; State; Zip Code 15 Ember Branch Dr Missouri City, TX 77459-1107	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Candace Robinson 6 Contributor address; City; State; Zip Code 15 Ember Branch Dr Missouri City, TX 77459-1107	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tiffany Robinson 6 Contributor address; City; State; Zip Code 6614 White Rock Ct Richmond, TX 77469-1222	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mattie Rogers 6 Contributor address; City; State; Zip Code 705 Gerald St Henderson, TX 75654-3835	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Scaife 6 Contributor address; City; State; Zip Code 6565 Waterton Ave SW Atlanta, GA 30331-9449	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ charlie thomas 6 Contributor address; City; State; Zip Code 900 Gold Ridge Xing Canton, GA 30114-6598	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# POLITICAL EXPENDITURES 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	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Polling Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel In District
Candidate/Officeholder/Political	Legal Services	Salaries/Wages/Contract Labor	Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2026	5 Payee name ActBlue	
6 Amount (\$) \$51.36	7 Payee address; City: State: Zip Code PO Box 962017 Boston, MA 02196-2017	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service fee
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/11/2026	5 Payee name ActBlue	
6 Amount (\$) \$11.85	7 Payee address; City: State: Zip Code PO Box 962017 Boston, MA 02196-2017	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service fee
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES 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	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: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2026	5 Payee name ActBlue	
6 Amount (\$) \$89.88	7 Payee address; City; State: Zip Code PO Box 962017 Boston, MA 02196-2017	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service fee
	(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 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 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	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 G: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2026	5 Payee name Aviva	
6 Amount (\$) \$86.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10355 Harwin Dr Houston, TX 77036-1501	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description T-shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
4 Date 01/22/2026	5 Payee name Aviva	
6 Amount (\$) \$59.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10355 Harwin Dr Houston, TX 77036-1501	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description T-shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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# 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	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 G: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2026	5 Payee name Beach House on the Brazos	
6 Amount (\$) \$66.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 211 5th St Rosenberg, TX 77471-1905	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Campaign materials
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
4 Date 01/16/2026	5 Payee name Print N Sign	
6 Amount (\$) \$1,028.37  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316 Houston, TX 77036-2012	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Campaign materials
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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# 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	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 G: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name T-Shirt Planet	
6 Amount (\$) \$80.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7501 Harwin Dr Houston, TX 77036-1921	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Tshirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
4 Date 01/02/2026	5 Payee name T-Shirt Planet	
6 Amount (\$) \$89.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7501 Harwin Dr Houston, TX 77036-1921	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Tshirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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