

# 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: 19			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		<b>OFFICE USE ONLY</b> Date Received  <b>RECVD VIA EMAIL</b> <b>02/24/26</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged		
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS /PO BOX:	APT/SUITE #	CITY		STATE:	ZIP CODE
<input type="checkbox"/> Change of Address 4522 Eagle Mountain Ct.			Richmond	TX		77406	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #	CITY		STATE:	ZIP CODE
<input type="checkbox"/> Change of Address 4522 Eagle Mountain Ct.			Richmond	TX		77406	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(832) 326-1383					
9 REPORT TYPE	<input 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 checked="" 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
		01/23/2026				02/21/2026	
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		3/3/2026		<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)	\$16,434.50
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$29,692.14
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$8,756.35
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.

\_\_\_\_\_  
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 23rd day of Feb. 20 26  
(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	\$16,434.50
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	\$29,692.14
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: not available
2 FILER NAME Nicole Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Delilah Agho-Otoghile 6 Contributor address; City; State; Zip Code 11615 Radford Ln Houston, TX 77099-4640	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cherita Andrews 6 Contributor address; City; State; Zip Code 9023 Covent Garden St Houston, TX 77031-3015	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ardurra Group PAC 6 Contributor address; City; State; Zip Code 3115 PARKWAY # 300 Houston, TX 77019	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Beryl Basham 6 Contributor address; City; State; Zip Code 9314 Crosby Way Missouri City, TX 77459-6363	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Levi benton 6 Contributor address; City; State; Zip Code 3417 Milam St Houston, TX 77002-9531	7 Amount of contribution (\$) \$250.00
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 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jamie Breech 6 Contributor address; City; State; Zip Code 4007 Arcacia Ln Manvel, TX 77578-3486	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Danielle Burns Wilson 6 Contributor address; City; State; Zip Code 6618 Toledo St Houston, TX 77008-6148	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dr. John Calhoun 6 Contributor address; City; State; Zip Code 126 E Amite St Jackson, MS 39201-2101	7 Amount of contribution (\$)  \$3,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) IMS ENGINEERS
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kalinda Campbell 6 Contributor address; City; State; Zip Code 7650 Springhill St Apt 503 Houston, TX 77021-6023	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stephanie Campbell 6 Contributor address; City; State; Zip Code 2416 1st St N Winter Haven, FL 33881-1514	7 Amount of contribution (\$)  \$250.00
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 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cash Canfield 6 Contributor address; City; State; Zip Code 2600 Via Fortuna Ste 300 Austin, TX 78746-7983	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Requested		9 Employer (See Instructions) Requested
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cobb Fendley PAC 6 Contributor address; City; State; Zip Code 4424 W Sam Houston Pkwy N Houston, TX 77041-8243	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Collins 6 Contributor address; City; State; Zip Code 7719 Chasewood Dr Missouri City, TX 77489-1837	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rayanne Darensbourg 6 Contributor address; City; State; Zip Code 3406 Senova Dr Pearland, TX 77584-7051	7 Amount of contribution (\$) \$250.00
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 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joyce Davis 6 Contributor address; City; State; Zip Code 11601 Shadow CREEK-111-238 Pearland, TX 77584	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Corbin Doss 6 Contributor address; City; State; Zip Code 2644 W Adams St Chicago, IL 60612-5381	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Edmond 6 Contributor address; City; State; Zip Code 5813 Bramblevine Ct Lithonia, GA 30038-2922	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Aimee Evans 6 Contributor address; City; State; Zip Code 4115 Fisher Lake Dr Richmond, TX 77406-7977	7 Amount of contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Costas Georghiou 6 Contributor address; City; State; Zip Code 12335 Meadow Lake Dr Houston, TX 77077-5935	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) PGAL INC.

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# 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 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Warrington Goudeau 6 Contributor address; City; State; Zip Code 2211 Fairway Cir Pearland, TX 77581-5117	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maria Guillotti 6 Contributor address; City; State; Zip Code 4930 Lake Gladewater Ct Richmond, TX 77407-7887	7 Amount of contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joslyn Jackson 6 Contributor address; City; State; Zip Code 765 Nob Ridge Dr Marietta, GA 30064-5736	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kameshe Jackson 6 Contributor address; City; State; Zip Code 7922 Grace Ct Richmond, TX 77469-2172	7 Amount of contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Aziz Karaman 6 Contributor address; City; State; Zip Code 4318 Windy Chase Ln Katy, TX 77494-1075	7 Amount of contribution (\$) \$50.00
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 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ chao-chiung lee 6 Contributor address; City; State; Zip Code 6001 Savoy Dr Ste 100 Houston, TX 77036-3322	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Stoa architects
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Katrina LeVert 6 Contributor address; City; State; Zip Code 11200 Broadway St Apt 4410 Pearland, TX 77584-9824	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Allison Odom 6 Contributor address; City; State; Zip Code 2804 Grand Fountains Dr Unit G Houston, TX 77054-2052	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Darius Porter 6 Contributor address; City; State; Zip Code 13432 Swift Creek Dr Pearland, TX 77584-1946	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shaniese Posey 6 Contributor address; City; State; Zip Code 24339 Norwood Groves Dr Richmond, TX 77469-3753	7 Amount of contribution (\$) \$250.00
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 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marcus Rhodes 6 Contributor address; City; State; Zip Code 21003 Shelbyville Dr Richmond, TX 77407-1631	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Miguel Rivera 6 Contributor address; City; State; Zip Code 1320 Montrose Blvd Apt 303 Houston, TX 77019-4374	7 Amount of contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nicole Roberts 6 Contributor address; City; State; Zip Code 4522 Eagle Mountain Ct Richmond, TX 77406-7930	7 Amount of contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Operations		9 Employer (See Instructions) USI Insurance Services
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stacie Sampson 6 Contributor address; City; State; Zip Code 8115 Jasmine Ct Rosenberg, TX 77469-4600	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walt Sass 6 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450-5781	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 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Damian Savoy 6 Contributor address; City; State; Zip Code 4406 Brinkley St Houston, TX 77051-2852	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rahshundra Scott-Covington 6 Contributor address; City; State; Zip Code 1118 River Bow Dr Richmond, TX 77406-2297	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jerry Sowell's CCM 6 Contributor address; City; State; Zip Code 18022 Blue Ridge Shores Dr Cypress, TX 77433-7056	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ JaKim Spencer 6 Contributor address; City; State; Zip Code 13906 Artesa Bell Dr Riverview, FL 33579-2394	7 Amount of contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wes Suggs 6 Contributor address; City; State; Zip Code 22618 Wixford Ln Tomball, TX 77375-1127	7 Amount of contribution (\$) \$250.00
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 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eric Tait 6 Contributor address; City; State; Zip Code 2429 Bissonnet St Ste 516 Houston, TX 77005-1451	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Temeka Tucker 6 Contributor address; City; State; Zip Code 21622 Masonwood Ln Richmond, TX 77469-5387	7 Amount of contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nicole Walters 6 Contributor address; City; State; Zip Code 14815 Thomas Mill Ln Sugar Land, TX 77498-5043	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nicole Walters 6 Contributor address; City; State; Zip Code 14815 Thomas Mill Ln Sugar Land, TX 77498-5043	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cheryl Williams 6 Contributor address; City; State; Zip Code 3010 Mojave Oak Dr Valrico, FL 33594-6792	7 Amount of contribution (\$) \$25.00
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 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Crystal Williams 6 Contributor address; City; State; Zip Code 4210 Shays Manor Ln Richmond, TX 77406-7229	7 Amount of contribution (\$)  \$50.00
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 01/25/2026	5 Payee name ActBlue	
6 Amount (\$) \$139.85	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
4 Date 02/01/2026	5 Payee name ActBlue	
6 Amount (\$) \$85.63	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
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 02/08/2026	5 Payee name ActBlue	
6 Amount (\$) \$11.86	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 02/15/2026	5 Payee name ActBlue	
6 Amount (\$) \$310.80	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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## 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	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)

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1 Total pages Schedule F1: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Payee name Davis Street	
6 Amount (\$) \$1,968.75	7 Payee address; City: State: Zip Code 5925 Almeda Rd Ste A Houston, TX 77004-7037	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Fundraising 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/19/2026	5 Payee name Human Age Digital	
6 Amount (\$) \$10,000.00	7 Payee address; City: State: Zip Code 2700 Post Oak Blvd Fl 21 Houston, TX 77056-5798	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(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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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)

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1 Total pages Schedule F1: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2026	5 Payee name Indo American News	
6 Amount (\$) \$300.00	7 Payee address; City: State: Zip Code 7457 Harwin Dr Ste 262 Houston, TX 77036-2025	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Ad buy
	(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 02/13/2026	5 Payee name M3 Graphics	
6 Amount (\$) \$1,569.63	7 Payee address; City: State: Zip Code 11730 S Wilcrest Dr Houston, TX 77099-4757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signs
	(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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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			

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1 Total pages Schedule F1: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2026	5 Payee name NGP VAN	
6 Amount (\$) \$433.13	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(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 01/25/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$3,100.00	7 Payee address; City: State: Zip Code 915 Florida Ave NW Washington, DC 20001-4001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Production and Design push card
	(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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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)

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1 Total pages Schedule F1: not available	2 FILER NAME Nicole Roberts	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$11,772.49	7 Payee address; City: State: Zip Code 915 Florida Ave NW Washington, DC 20001-4001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Production and Design mail
	(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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