

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

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

Katherine

MI

NICKNAME

LAST

Nelson

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
FEB 03 2026

Date Hand-delivered or Date Postmarked

EY

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY;

100 Pine St.

ZIP CODE

Shepherd, TX 77371

Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

Joshua

MI

A

NICKNAME

LAST

Nelson

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

100 Pine St.

Shepherd, TX 77371

(Residence or Business)

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

936

PHONE NUMBER

328-4163

EXTENSION

8 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)

9 PERIOD
COVERED

Month

Day

Year

01/23/2026

THROUGH

Month

Day

Year

02/21/2026

10 ELECTION

ELECTION DATE

Month

Day

Year

03/03/2026

ELECTION TYPE

Primary

Runoff

Other

General

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Polk County District Clerk

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 5

13 C / OH NAME

Nelson, Katherine

14 Filer ID

15 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.

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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) \$ 300.00

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 56.00

CONTRIBUTION BALANCE

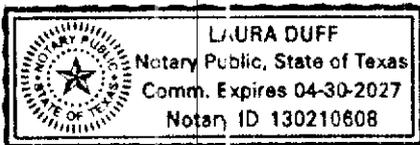
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,406.69

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Katherine B. Nelson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Katherine Nelson, this the 23rd day of February, 2026, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering

Laura Duff
Printed name of officer administering

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 5

18 FILER NAME

Nelson, Katherine

19 Filer ID

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE

SUBTOTAL AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	300.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	56.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/1 Rpt: 4/5

2 FILER NAME
Nelson, Katherine

3 Filer ID

4 Date
02/03/2026

5 Full name of contributor out-of-state PAC (ID#: _____)
McGowon, Jonathon (Mr.)

7 Amount of Contribution (\$) \$300.00

6 Contributor address; City; State; Zip Code
247 CR 3433
Cleveland, TX 77327

8 Principal occupation / Job title (See Instructions)
Unknown

9 Employer (See Instructions)
Unknown

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 5/5	2 FILER NAME Nelson, Katherine	3 Filer ID
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4 Date 01/29/2026	5 Payee name Campaign Partner
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6 Amount (\$) \$52.00	7 Payee address; City; State; Zip Code P.O. Box 118 Still River, MA 01467
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2026	Payee name Peoples State Bank
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Amount (\$) \$4.00	Payee address; City; State; Zip Code 5850 US-59 Shepherd, TX 77371
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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