

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|--|--|--------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1</b> Filer ID (Ethics Commission Filers)                                                                                                      | <b>2</b> Total pages filed: <span style="font-size: 1.5em;">8</span>                                                                                                                                                                       |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                       | MS / MRS / MR      FIRST      MI<br>Mrs.      Kimberly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><div style="font-size: 1.5em; color: red; border: 1px solid red; padding: 5px; display: inline-block;">                     RECEIVED<br/>10/01/25<br/>2:30pm<br/>jpc                 </div> |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|                                                                              | NICKNAME      LAST      SUFFIX<br>Abeldt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address   | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>108 Old Pond Road      Lufkin      TX      75901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>5</b> CANDIDATE/ OFFICEHOLDER PHONE                                       | AREA CODE      PHONE NUMBER      EXTENSION<br>( 903 )      530-3248                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>6</b> CAMPAIGN TREASURER NAME                                             | MS / MRS / MR      FIRST      MI<br>MRS      Karen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                     |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|                                                                              | NICKNAME      LAST      SUFFIX<br>Stubblefield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   | Receipt #      Amount \$                                                                                                                                                                                                                   |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>111 Saddle Creek Dr      Lufkin      TX      75904 |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AREA CODE      PHONE NUMBER      EXTENSION<br>( 337 )      660-9128                                                                               |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>9</b> REPORT TYPE                                                         | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>                                                                       |                                                                                                                                                   |                                                                                                                                                                                                                                            | <input type="checkbox"/> January 15                                          | <input checked="" 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 C/OH - FR) |  |  |                                      |  |
| <input type="checkbox"/> January 15                                          | <input checked="" 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 C/OH - FR)                                                                                                                                                                                   |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>10</b> PERIOD COVERED                                                     | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">8      /      12      /      25</td> <td></td> <td style="text-align: center;">9      /      25      /      25</td> </tr> </table>                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                            | Month      Day      Year                                                     | THROUGH                                                                                                                                                                                                                                                                                                                                   | Month      Day      Year                    | 8      /      12      /      25                                                            |                                            | 9      /      25      /      25                  |                                                            |                                                          |  |  |                                      |  |
| Month      Day      Year                                                     | THROUGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Month      Day      Year                                                                                                                          |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| 8      /      12      /      25                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9      /      25      /      25                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>11</b> ELECTION                                                           | <table style="width:100%; border: none;"> <tr> <td style="width: 30%;">                     ELECTION DATE<br/>                     Month      Day      Year<br/>                     11      /      4      /      25                 </td> <td style="width: 70%;">                     ELECTION TYPE<br/> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input checked="" type="checkbox"/> Special</td> <td></td> </tr> </table> </td> </tr> </table> |                                                                                                                                                   |                                                                                                                                                                                                                                            | ELECTION DATE<br>Month      Day      Year<br>11      /      4      /      25 | ELECTION TYPE<br><table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input checked="" type="checkbox"/> Special</td> <td></td> </tr> </table> | <input type="checkbox"/> Primary            | <input type="checkbox"/> Runoff                                                            | <input type="checkbox"/> Other Description | <input type="checkbox"/> General                 | <input checked="" type="checkbox"/> Special                |                                                          |  |  |                                      |  |
| ELECTION DATE<br>Month      Day      Year<br>11      /      4      /      25 | ELECTION TYPE<br><table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input checked="" type="checkbox"/> Special</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Primary                                                                                                                  | <input type="checkbox"/> Runoff                                                                                                                                                                                                            | <input type="checkbox"/> Other Description                                   | <input type="checkbox"/> General                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Special |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <input type="checkbox"/> Primary                                             | <input type="checkbox"/> Runoff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Other Description                                                                                                        |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <input type="checkbox"/> General                                             | <input checked="" type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>12</b> OFFICE                                                             | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | <b>13</b> OFFICE SOUGHT (if known)<br>City Council Ward 3                                                                                                                                                                                  |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
| <b>14</b> 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                                                             | <table style="width:100%; border: none;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>                                                                                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                            | COMMITTEE TYPE                                                               | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                            |                                             | <input type="checkbox"/> GENERAL                                                           | COMMITTEE ADDRESS                          |                                                  | <input type="checkbox"/> SPECIFIC                          | COMMITTEE CAMPAIGN TREASURER NAME                        |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |
|                                                                              | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COMMITTEE NAME                                                                                                                                    |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|                                                                              | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE ADDRESS                                                                                                                                 |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|                                                                              | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                 |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |
|                                                                              | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                            |                                            |                                                  |                                                            |                                                          |  |  |                                      |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

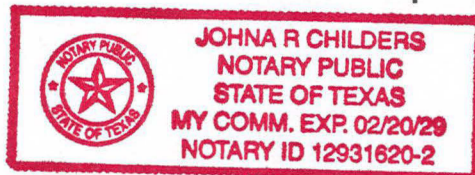
FORM C/OH  
COVER SHEET PG 2

|                                        |                                                                                                                                       |                                               |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br>Kimberly Abeldt |                                                                                                                                       | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 100.00                                     |
|                                        | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 1800.00                                    |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 83.00                                      |
|                                        | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 1695.01                                    |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 104.99                                     |
| <b>OUTSTANDING LOAN TOTALS</b>         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                            |

**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.

*Kimberly Abeldt*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kimberly Abeldt this the 1st day of October, 2025, to certify which, witness my hand and seal of office.

Johna R. Childers Johna R. Childers Office Administrator  
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)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                                                                                 |            |
|-----|-------------------------------------------------------------------------------------------------|------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS               | \$ 1450.00 |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 250.00  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                               | \$         |
| 4.  | SCHEDULE E: LOANS                                                                               | \$         |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                           | \$         |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                        | \$         |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                          | \$         |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                                   | \$         |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 1612.01 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                     | \$         |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                        | \$         |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER              | \$         |

# 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<br>Kimberly Abeldt                                                                                                                                |                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>08/24/2025                                                                                                                                           | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Buford and Melissa Abeldt<br>6 Contributor address; City; State; Zip Code<br>6 Cypress Point Lufkin TX 75901 | 7 Amount of contribution (\$)<br><br>200.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                          | 9 Employer (See Instructions)               |
| Date<br>08/24/2025                                                                                                                                             | Full name of contributor out-of-state PAC (ID#: _____)<br>Sheila and Robert Telford<br>Contributor address; City; State; Zip Code<br>806 Pine Valley Dr. Lufkin TX 75901 | Amount of contribution (\$)<br><br>250.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                          | Employer (See Instructions)                 |
| Date<br>08/28/2025                                                                                                                                             | Full name of contributor out-of-state PAC (ID#: _____)<br>JoAnn Rainwater<br>Contributor address; City; State; Zip Code<br>110 Southern Hills Dr. Lufkin TX 75901        | Amount of contribution (\$)<br><br>1000.00  |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                          | Employer (See Instructions)                 |
| Date                                                                                                                                                           | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code                                                                 | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                          | Employer (See Instructions)                 |
|                                                                                                                                                                |                                                                                                                                                                          |                                             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                          |                                             |

## SCHEDULE A2

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

|                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                               |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                             |                                                                                                                                                                                                                              | <b>1</b> Total pages Schedule A2: <span style="font-size: 1.5em; font-weight: bold;">8</span> |                                                                   |
| <b>2</b> FILER NAME<br><b>Kimberly Abeldt</b>                                                                                                                                |                                                                                                                                                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)                                                  |                                                                   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                                 |                                                                                                                                                                                                                              | <b>\$ 0</b>                                                                                   |                                                                   |
| <b>5</b> Date<br><br><b>8/12/25</b>                                                                                                                                          | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tom Darmstadter</b><br><hr/> <b>7</b> Contributor address; City; State; Zip Code<br><b>2722 Medford Drive Lufkin TX 75901</b> | <b>8</b> Amount of Contribution \$<br><b>250.00</b>                                           | <b>9</b> In-kind contribution description<br><b>website setup</b> |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                                                                                              |                                                                                                                                                                                                                              | <b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)                                       |                                                                   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                                                                                                                  |                                                                                                                                                                                                                              | <b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)                            |                                                                   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                                                                                                                     |                                                                                                                                                                                                                              | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)                            |                                                                   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                           |                                                                                                                                                                                                                              |                                                                                               |                                                                   |
| Date                                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code                                                                                          | Amount of Contribution \$                                                                     | In-kind contribution description                                  |
|                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                               |                                                                   |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                                                                                                        |                                                                                                                                                                                                                              | Employer (FOR NON-JUDICIAL)(See Instructions)                                                 |                                                                   |
| Contributor's principal occupation (FOR JUDICIAL)                                                                                                                            |                                                                                                                                                                                                                              | Contributor's job title (FOR JUDICIAL)(See Instructions)                                      |                                                                   |
| Contributor's employer/law firm (FOR JUDICIAL)                                                                                                                               |                                                                                                                                                                                                                              | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                      |                                                                   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                                     |                                                                                                                                                                                                                              |                                                                                               |                                                                   |
|                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                               |                                                                   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b> |                                                                                                                                                                                                                              |                                                                                               |                                                                   |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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.

|                                                                                                            |                                                                                                    |                                              |                                                                                     |  |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule G:<br><b>2</b>                                                               | <b>2</b> FILER NAME<br><b>Kimberly Abedlt</b>                                                      | <b>3</b> Filer ID (Ethics Commission Filers) |                                                                                     |  |
| <b>4</b> Date<br><b>8/13/25</b>                                                                            | <b>5</b> Payee name<br><b>Office Depot</b>                                                         |                                              |                                                                                     |  |
| <b>6</b> Amount (\$)<br><b>76.68</b><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code                                                      |                                              |                                                                                     |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>printing expense</b> |                                              | <b>(b)</b> Description<br><b>copy of election guides and forms, receipt booklet</b> |  |
|                                                                                                            | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                                  |                                              | Check if Austin, TX, officeholder living expense                                    |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                    |                                              |                                                                                     |  |
| Candidate / Officeholder name Office sought Office held                                                    |                                                                                                    |                                              |                                                                                     |  |
| Date<br><b>8/17/25</b>                                                                                     | Payee name<br><b>Office Depot</b>                                                                  |                                              |                                                                                     |  |
| Amount (\$)<br><b>30.31</b><br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br><b>4210 S Medford Drive Lufkin TX 75901</b>                |                                              |                                                                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                                                                              | Category (See Categories listed at the top of this schedule)<br><b>printing expense</b>            |                                              | Description<br><b>invitation flyers 8.5" x 11" (quantity 50)</b>                    |  |
|                                                                                                            | Check if travel outside of Texas. Complete Schedule T.                                             |                                              | Check if Austin, TX, officeholder living expense                                    |  |
| Candidate / Officeholder name Office sought Office held                                                    |                                                                                                    |                                              |                                                                                     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                 |                                                                                                    |                                              |                                                                                     |  |
| Date<br><b>8/18/25</b>                                                                                     | Payee name<br><b>AAA Trophy</b>                                                                    |                                              |                                                                                     |  |
| Amount (\$)<br><b>489.83</b><br><small>✓ Reimbursement from political contributions intended</small>       | Payee address; City; State; Zip Code<br><b>303 E Denman, Ste H Lufkin TX 75901</b>                 |                                              |                                                                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                                                                              | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                 |                                              | Description<br><b>4' x 4' signs (quantity 10)</b>                                   |  |
|                                                                                                            | Check if travel outside of Texas. Complete Schedule T.                                             |                                              | Check if Austin, TX, officeholder living expense                                    |  |
| Candidate / Officeholder name Office sought Office held                                                    |                                                                                                    |                                              |                                                                                     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                 |                                                                                                    |                                              |                                                                                     |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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 G:<br>2                                                 | 2 FILER NAME<br>Kimberly Abeldt                                                                             | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br>08/29/2025                                                           | 5 Payee name<br>Vista Print                                                                                 |                                                         |
| 6 Amount (\$)<br>851.19<br>Reimbursement from political contributions intended | 7 Payee address;<br>95 Hayden Ave.                                                                          | City;<br>Lexington<br>State;<br>MA<br>Zip Code<br>02421 |
| 8 PURPOSE OF EXPENDITURE                                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising                             | (b) Description<br>yard signs (quantity 100)            |
|                                                                                | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                                         |
| 9 Complete ONLY if direct expenditure to benefit C/OH                          | Candidate / Officeholder name                                                                               | Office sought Office held                               |
| Date<br>09/01/2025                                                             | Payee name<br>Office Depot                                                                                  |                                                         |
| Amount (\$)<br>164.00<br>Reimbursement from political contributions intended   | Payee address;<br>303 E Denman, Ste H                                                                       | City;<br>Lufkin<br>State;<br>TX<br>Zip Code<br>75901    |
| 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 ONLY if direct expenditure to benefit C/OH                            | Candidate / Officeholder name                                                                               | Office sought Office held                               |
| Date                                                                           | Payee name                                                                                                  |                                                         |
| Amount (\$)<br>Reimbursement from political contributions intended             | 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 ONLY if direct expenditure to benefit C/OH                            | Candidate / Officeholder name                                                                               | Office sought Office held                               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

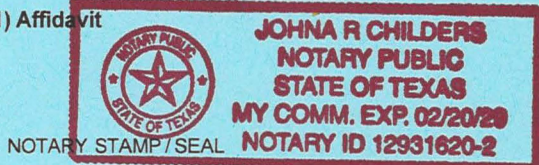
|                                      |            |
|--------------------------------------|------------|
| Filer name<br><u>Kimberly Abeldt</u> | Filer ID # |
|--------------------------------------|------------|

| OFFICE USE ONLY                                                            |           |
|----------------------------------------------------------------------------|-----------|
| Date Received<br><b>RECEIVED</b><br><u>10/1/2025</u><br><u>gpc 2:32 pm</u> |           |
| Date Hand-delivered or Date Postmarked                                     |           |
| Receipt #                                                                  | Amount \$ |
| Date Processed                                                             |           |
| Date Imaged                                                                |           |

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the City of Lufkin report due on October 5, 2025.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Kimberly Abeldt  
Signature of Filer

Sworn to and subscribed before me by Kimberly Abeldt this the 1st day of October, 2025, to certify which, witness my hand and seal of office.

John R Childers John R. Childers Office Administrator  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**