

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Emily Kirchner		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,953.85
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Emily Kirchner		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	2,953.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	7,614.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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.

Emily Kirchner

Signature of Candidate or Officeholder



(1) Affidavit

NOTARY STAMP / SEAL

Please complete either option below:

Sworn to and subscribed before me by Emily Kirchner this the 14th day of January

2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Leticia Vacek

Leticia Vacek

City Secretary

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)

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: 1/5
2 FILER NAME Emily Kirchner		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2025	5 Full name of contributor Blake Sawyer out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Brenham, TX 77833	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Technology		9 Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor Jim Jarreau out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Clear River Ice Cream
Date 11/03/2025	Full name of contributor Lyle Larson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of contribution (\$) 2,400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Carpe Diem Strategies
Date 11/03/2025	Full name of contributor Mark Kilkenny out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston, TX 77074	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Business Executive		Employer (See Instructions) Twinwood US

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/5
2 FILER NAME EMILY KIRCHNER		3 Filer ID (Ethics Commission Filers)
4 Date 11/04/2025	5 Full name of contributor George Kirchner <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/04/2025	Full name of contributor Kodi Sawin <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Lakeway, TX 78734		
Principal occupation / Job title (See Instructions) Local Government		Employer (See Instructions) Vault 44.01
Date 11/05/2025	Full name of contributor Katherine Romans <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Hill Country Alliance
Date 11/06/2025	Full name of contributor Mary Moore <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code Houston, TX 77057		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/5
2 FILER NAME Emily Kirchner		3 Filer ID (Ethics Commission Filers)
4 Date 11/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Charles Moore ----- 6 Contributor address; City; State; Zip Code Blanco, TX 78606	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Shera Eichler ----- Contributor address; City; State; Zip Code Austin, TX 78703	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Purple Sage Strategies
Date 11/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Ed Thompson ----- Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) State Farm
Date 11/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Anne Eppright ----- Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 415
2 FILER NAME Emily Kirchner		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Kathy Tolan 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Sarah Bliss Martin Contributor address; City; State; Zip Code Austin, TX 78739	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Client Events Manager		Employer (See Instructions) Jackson Walker LLP
Date 11/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Julia Daily Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/25	Full name of contributor out-of-state PAC (ID#: _____) Catherine Wenske Contributor address; City; State; Zip Code Austin, TX 78703	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/5
2 FILER NAME Emily Kirchner		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/202	5 Full name of contributor out-of-state PAC (ID#: _____) John Hay	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/5	2 FILER NAME Emily Kirchner	3 Filer ID (Ethics Commission Filers)
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4 Date 7/24/25	5 Payee name HEB
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6 Amount (\$) 290.69	7 Payee address; 407 S. Adams St. <small>Check if individual's residence address.</small>	City; Fredericksburg, TX	State; TX	Zip Code 78624
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Supplies for meals for Fredericksburg
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/25	Payee name GoDaddy
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Amount (\$) 23.19	Payee address; 2155 E. GoDaddy Way <small>Check if individual's residence address.</small>	City; Tempe, AZ	State; AZ	Zip Code 85284
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Domain fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/25	Payee name Caliche
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Amount (\$) 8.98	Payee address; 338 W. Main St. <small>Check if individual's residence address.</small>	City; Fredericksburg, TX	State; TX	Zip Code 78624
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description City-related meeting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/5	2 FILER NAME Emily Kirchner	3 Filer ID (Ethics Commission Filers)
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4 Date 9/30/25	5 Payee name Texas Municipal League
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6 Amount (\$) 45.00	7 Payee address; 821 Rutherford Lane, Ste 400 <small>Check if individual's residence address.</small>	City; Austin, TX	State; TX	Zip Code 78754
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Education/Training Expense	(b) Description Hotel Occupancy Tax webinar
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/25	Payee name Kaffee Haus
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Amount (\$) 9.74	Payee address; 109 N Adams St. <small>Check if individual's residence address.</small>	City; Fredericksburg, TX	State; TX	Zip Code 78624
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description City-related meeting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/2025	Payee name Squarespace
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Amount (\$) 14.00	Payee address; 459 Broadway <small>Check if individual's residence address.</small>	City; New York, NY	State; NY	Zip Code 10013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Domain fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/5	2 FILER NAME Emily Kirchner	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/25	5 Payee name Squarespace	
6 Amount (\$) 38.38	7 Payee address; City; State; Zip Code 459 Broadway New York, NY 10013 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web service fee
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/7/2025	Payee name Canva	
Amount (\$) 51.00	Payee address; City; State; Zip Code 3212 E Cesar Chavez St, Bldg 1 Austin, TX 78702 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Notecards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Fredericksburg Police Department Fund	
Amount (\$) 200.00	Payee address; City; State; Zip Code P.O. Box 212 Fredericksburg, TX 78624 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Expense	Description Annual Fundraiser
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/5	2 FILER NAME Emily Kirchner	3 Filer ID (Ethics Commission Filers)
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4 Date 11/30/2025	5 Payee name Anedot
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6 Amount (\$) 265.90	7 Payee address; 3723 Greenville Ave, Ste 41002 <small>Check if individual's residence address.</small>	City; Dallas, TX	State; TX	Zip Code 75206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description November fees
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/2/25	Payee name Alla Campagna
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Amount (\$) 110.50	Payee address; 342 W. Main St. <small>Check if individual's residence address.</small>	City; Fredericksburg, TX	State; TX	Zip Code 78624
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Expense	Description Fredericksburg Racquet Center fundraiser
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/2/25	Payee name Kaffee Haus
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Amount (\$) 10.82	Payee address; 109 N. Adams St. <small>Check if individual's residence address.</small>	City; Fredericksburg, TX	State; TX	Zip Code 78624
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description City-related meeting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5/5	2 FILER NAME Emily Kirchner	3 Filer ID (Ethics Commission Filers)
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4 Date 12/3/25	5 Payee name Squarespace
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6 Amount (\$) 38.38	7 Payee address; 459 Broadway <small>Check if individual's residence address.</small>	City; New York, NY	State; NY	Zip Code 10013
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website fee
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/9/25	Payee name G2 Strategies
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Amount (\$) 1,816.67	Payee address; 13341 W. US 290, Building 2, #229 <small>Check if individual's residence address.</small>	City; Austin, TX	State; TX	Zip Code 78737
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Invoice
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/25	Payee name Anedot
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Amount (\$) 30.60	Payee address; 3723 Greenville Ave, Ste 41002 <small>Check if individual's residence address.</small>	City; Dallas, TX	State; TX	Zip Code 75206
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description December Fees
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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