

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Pamela

G

NICKNAME

LAST

SUFFIX

Pam

Kothmann

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 24, Dime Box TX 77853

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

716-1964

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Kelly

NICKNAME

LAST

SUFFIX

Marburger

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2652 CR 430, Dime Box TX 77853

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

949-8188

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign

treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☒ Exceeded Modified

Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

/

1

/

26

THROUGH

Month

Day

Year

1

/

22

/

26

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

3

/

26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace Precinct 4

14 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Pamela Kothmann		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)	\$ 208.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 247.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 141.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1158.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Pam Kothmann, and my date of birth is 10/31/72

My address is 1020 P.R. 8008, Dime Box, Tx, 77853 U.S.
(street) (city) (state) (zip code) (country)

Executed in Lee County, State of Texas, on the 23 day of January, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Pamela Kothmann		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 208.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 168.30
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	\$ 83.97
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

LOANS**SCHEDULE E**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 E: <u>1</u>
2 FILER NAME Pamela Kothmann		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/05/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Kothmann	9 Loan Amount (\$) 108.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1020 Private Road 8008, Dime Box, TX 77853	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Juvenile Probation Officer		13 Employer (See Instructions) Cen-Tex Regional Juvenile Services
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 01/13/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Kothmann	Loan Amount (\$) 100.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 1020 Private Road 8008, Dime Box, TX 77853	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Juvenile Probation Officer		Employer (See Instructions) Cen-Tex Regional Juvenile Services
Description of Collateral none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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	2 FILER NAME Pamela Kothmann	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name Meta Platforms	
6 Amount (\$) 4.82	7 Payee address; City; State; Zip Code 1 Metaway, Merlo Park, California 94025 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social media ad
	(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 01/05/2026	Payee name Canva	
Amount (\$) 102.48	Payee address; City; State; Zip Code 3212 E Cesar Chavez St Bldg 1 Ste 1300, Austin, TX 78702-4938 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description business cards
	<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 01/13/2026	Payee name Meta Platforms	
Amount (\$) 27.00	Payee address; City; State; Zip Code 1 Metaway, Merlo Park, California 94025 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media ad
	<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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: <u>2</u>	2 FILER NAME Pamela Kothmann	3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2026	5 Payee name Meta Platforms	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 1 Metaway, Merlo Park, CA 94025 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description social media advertisements
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: <div style="text-align: center;">1</div>	2 FILER NAME Pamela Kothmann	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2026	5 Payee name Zazzle Inc	
6 Amount (\$) 83.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1800 Seaport Blvd. Redwood City, CA 94063 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Calendars
	<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	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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