### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00086783		2 Total pages filed: 30
3	COMMITTEE NAME		•			OFFICE USE ONLY
	Blue Horizon Texa	s PAC				Date Received
						ELECTRONICALLY FILED 07/05/2023
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP CO	ODE	
	ADDRESS	PO Box 780162				Date Hand-delivered or Date Postmarked
	Change of Address					
		San Antonio, TX 78278				Receipt # Amount
						Date Processed
						Date Imaged
Ŀ						
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI
	NAME	Claire				
		NICKNAME LAST				SUFFIX
		Barnett				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
ľ	TREASURER	2922 Meadow Thrush		APT/SUITE#,	CITT,	STATE, ZIP CODE
	STREET ADDRESS					
L	(Residence or Business)	San Antonio, TX 78231				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	MAILING	PO Box 780162				
	ADDRESS					
	Change of Address	San Antonio, TX 78278				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER PHONE	(571) 338-7335				
9	REPORT TYPE	January 15 3	0th c	lay before election		Dissolution (Attach PAC-DR)
			th da	ay before election		10th day after campaign treasurer
		X July 15		-		termination
			uno	п		
10	PERIOD	Month Day Year		Month	Day	Year
	COVERED	01/01/2023 T	HR	DUGH 06/3	30/2023	
L						
11	ELECTION	ELECTION DATE Month Day Year	Dri-~		YPE	Other
		06/10/2023	Prim	ary X Runoff		Other
			Gene	eral Special		
L						
				<b>D</b> A OF 0		
			ГО	PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Version V3.5.1.a18ea2ca

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Blue Horizon Texas PA	C		00086783				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if	A. Supported Lynda Nash Harker Heights C	ity Council				
	applicable, classify by party.)						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures	A. Supported					
	(Describe by date and location of election and nature of issue.)						
		B. Opposed					
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
	2. TOTAL POLITICA	· · ·	\$	3,541.00			
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,304.63			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,630.00			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT	1						
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.					
		Claire	Barnett				
		Signature of Ca	mpaign Treasu	rer			
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed	before me, by the said	, tl	his the	day			
of	, 20, to certify v	which, witness my hand and seal of office.					
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca			

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC

Page 3 of 30

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Blue Horizon Texas PA	с				00086783	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stacey Wilson	Harker Heights (	City Council	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dock Jackson	City of Bastrop M	1ayor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

#### FORM GPAC COVER SHEET PG 3 4 of 30

	17 COMMITTEE NAME18 Filer ID(EBlue Horizon Texas PAC00086783								
			SUBT	TOTAL AMOUNT					
	NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,391.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	600.00					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$						
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$						
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	550.00					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,304.63					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

**SUBTOTALS - GPAC** 

The Instru	ction Guide explains hov	v to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 1/15 Rpt: 5/30	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Blue Horizor	ו Texas PAC			1	00086783	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
06/08/2023	3/2023 Albers, Harold					\$15.00
	6 Contributor address; City; S	tate; Zip Code		1		
	Art, TX 76820					
	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
Not Employe	ed		Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
06/09/2023	Baer, Marion					\$5.00
	Contributor address; City; S			1		
	Los Angeles, CA 90066		i			
	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Not Employe	2d		Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Ţ	Amount of Contribution (\$)	
03/04/2023	Bartos, Janet P					\$23.00
	Contributor address; City; S	tate; Zip Code		]		
	Little Rock, AR 72223					
Drincinal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u> </u>		
Not Employe		3)	Not Employed	5)		
Date	Full name of contributor			T	Amount of Contribution (\$)	
03/09/2023	Bartos, Janet P	out-of-state PAC (ID#:_				\$15.00
0010012020	Contributor address; City; S	itata: Zin Cada		-		ψ10.00
		tate; Zip Code				
	Little Rock, AR 72223-42	.97				
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Not Employe	ed		Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
06/03/2023	Bartos, Janet P	—				\$20.00
	Contributor address; City; State; Zip Code			1		
	Little Rock, AR 72223-42	97				
-	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Not Employe	ed and a second s		Not Employed			

	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 6/30	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Blue Horizon	I Texas PAC				00086783	
4	Date	5 Full name of contributor Out-of-state PAC (IE	ID#:	)	7	Amount of Contribution (\$)	
	02/08/2023	Carpenter, Bruce					\$100.00
		6 Contributor address; City; State; Zip Code					
		New Braunfels, TX 78132					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Consulting			Harbour Bridge Venture	s Ir	IC.	
	Date	Full name of contributor out-of-state PAC (IE	ID#:	)		Amount of Contribution (\$)	
	01/12/2023	Carranza, Susana					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chemical En	gineer		Makel Engineering Inc.			
	Date	Full name of contributor out-of-state PAC (IE	ID#:	)		Amount of Contribution (\$)	
	02/12/2023	Carranza, Susana					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701	<u> </u>				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chemical En			Makel Engineering Inc.			
	Date	Full name of contributor out-of-state PAC (IE	ID#:	)		Amount of Contribution (\$)	
	03/12/2023	Carranza, Susana					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
$\vdash$	Dringing occu			Employer (See Instructions	<u> </u>		
	Chemical En	pation / Job title (See Instructions)		Employer (See Instructions Makel Engineering Inc.	5)		
				Maker Engineering me.			
	Date	Full name of contributor out-of-state PAC (IE	ID#:	)		Amount of Contribution (\$)	<b>*</b> 25 00
	04/12/2023	Carranza, Susana					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u>		
	Chemical En			Makel Engineering Inc.	)		
<u> </u>		gineer					

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 7/30	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		n Texas PAC			00086783	1 110.07
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/12/2023	Carranza, Susana				\$25.00
	1	6 Contributor address; City; State; Zip Code		"		
	I					
	I					
		Austin, TX 78701				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Chemical En	ıgineer	Makel Engineering Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/12/2023	Carranza, Susana				\$25.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
	I	Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chemical En	ıgineer	Makel Engineering Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Ι	Amount of Contribution (\$)	
	06/15/2023	Compton, Annie				\$10.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
	I	Austin, TX 78757				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Artist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/08/2023	Conyngham, Karen				\$10.00
	I	Contributor address; City; State; Zip Code		·		
	I					
	I					
	I	Austin, TX 78746				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	researcher		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	03/12/2023	DasGupta, Bhaskar				\$6.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
	I	CHICAGO, IL 60607				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Professor		UIC			
			1			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 8/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Blue Horizor	n Texas PAC			00086783	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/24/2023	06/24/2023 Filbert, Susan				\$100.00
		6 Contributor address; City; State; Zip Code				
		Baltimore, MD 21212				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Not Employe	ed	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/09/2023	Fitzgerald, Stefani				\$50.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Sales - cloth	ing	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/08/2023	Gaeta, Marilyn				\$15.00
		· · · · · · · · · · · · · · · · · · ·				
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Homemaker		Not employed			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/30/2023	Greenberg, Laurie				\$25.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician		Cigna HealthSpring			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/28/2023	Greenberg, Laurie				\$25.00
		Boerne, TX 78015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician		Cigna HealthSpring			

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	The Instru	ction Guide explains how to com	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 9/30	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Blue Horizor	ו Texas PAC				00086783	
4	Date	5 Full name of contributor out-of-:	f-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/30/2023	3/30/2023 Greenberg, Laurie					\$25.00
		6 Contributor address; City; State; Zip Co	Code				
		Boerne, TX 78015					
8		pation / Job title (See Instructions)	5	9 Employer (See Instructions	5)		
	Physician			Cigna HealthSpring			
	Date		-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/14/2023	Gresham, Lesley					\$5.00
		Contributor address; City; State; Zip Co					
		Koty TV 77404					
	Drincinal occu	Katy, TX 77494 Ipation / Job title (See Instructions)	F	Employer (See Instructions	<u> </u>		
	Not employe			Not employed	9		
				Not employed		t	
	Date 04/23/2023		f-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	04/23/2023	Harrison, Ann Marie	- I				ΦT0'00
		Contributor address; City; State; Zip Co	;ode				
		Austin, TX 78731					
	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	retired			retired			
	Date	Full name of contributor out-of-	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/09/2023	Hertzmark, Ellen					\$100.00
		Contributor address; City; State; Zip Co	Code				
		-					
		New York, NY 10033					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	statistician			harvard university			
	Date		f-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/06/2023	Hobbs, Ann					\$25.00
		Contributor address; City; State; Zip Co	Code				
		Citize Optime MD 20001					
	Duta stand serve	Silver Spring, MD 20901	r		Ĺ		
	Principal occu Not Employe	ipation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
		ju					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 10/30	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Blue Horizon	1 Texas PAC			00086783	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	06/03/2023	Holmes, Hal				\$10.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
Ļ		Grapevine, TX 76051		Ļ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe		Not Employed	—		
	Date		:)		Amount of Contribution (\$)	
	06/08/2023					\$5.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	SEATTLE, WA 98125				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	accountant		self	"		
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/10/2023	Hrezi, Muad	)			\$50.00
	00/10/2020	Contributor address; City; State; Zip Code		•		Ψ00.02
	I	Contributor address, ony, orace, zip oode				
	I					
		Hartford, CT 06105-0000				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	:d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	06/09/2023	Hug, Jerry.				\$5.00
	I	Contributor address; City; State; Zip Code		1		
	l					
	I	Tinley Park, IL 60477				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed	3)		
╞				<del>—</del>	Amount of Contribution (¢)	
	Date 06/09/2023	Full name of contributor out-of-state PAC (ID#: Hunt, Laura	:)		Amount of Contribution (\$)	\$10.00
			•		Φτ0.00	
	l	Contributor address; City; State; Zip Code				
	I					
	I	Fort Worth, TX 76104				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed .	Not Employed			

	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 11/30	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Blue Horizor	I Texas PAC				00086783	
4	Date	5 Full name of contributor 🗌 out	it-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/04/2023	/2023 Judd, Barbara					\$15.00
		6 Contributor address; City; State; Zip					
		Sarasota, FL 34234					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Not Employe	d.		Not Employed			
	Date	Full name of contributor out	 it-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/09/2023	Kozma, Andrew					\$10.00
		Contributor address; City; State; Zip					
		Houston, TX 77019					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Adjunct Prof			University of Houston			
	Date		it-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/15/2023	Kuhn, Gordon					\$25.00
		Contributor address; City; State; Zip	p Code				
		Okatie, SC 29909					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed			
⊨	Date	Full name of contributor	It-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/09/2023	Leicher, Dorothea				• •	\$10.00
		Contributor address; City; State; Zip					
		Columbia Cross Roads, PA 169	)14				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	:d		Not Employed			
	Date		it-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/05/2023	Lynch, Kathleen					\$10.00
	Contributor address; City; State; Zip Code						
		New York, NY 10023					
┝	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> •)		
	Not Employe			Not Employed	)		
⊢							

The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 8/15 Rpt: 12/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Blue Horizo	on Texas PAC		00086783
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
06/10/2023	Lynch, Kathleen		\$10.0
	6 Contributor address; City; State; Zip Code		
	New York, NY 10023		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	() ;)
Not Employ		Not Employed	,
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
01/20/2023		·/	\$25.0
	Collubulor address, City, State, Zip Code		
	Austin, TX 78748		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)
Business A	nalyst	Centene	
Date	Full name of contributor out-of-state PAC (ID#	±)	Amount of Contribution (\$)
02/20/2023	Martin, Rebekah		\$25.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
-	upation / Job title (See Instructions)	Employer (See Instructions	)
Business A		Centene	1
Date	Full name of contributor out-of-state PAC (ID#	ť:)	Amount of Contribution (\$)
03/20/2023	· · · · · · · · · · · · · · · · · · ·		\$25.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	L;)
Business A	nalyst	Centene	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
04/20/2023	— —		\$25.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
-	upation / Job title (See Instructions)	Employer (See Instructions	·)
Business A	nalyst	Centene	

6       Contributor address; City, State; Zip Code         Austin, TX 78748       9         8       Principal occupation / Job title (See Instructions) Business Analyst       9       Employer (See Instructions) Centene         Date       Full name of contributor out-of-state PAC (ID#) Martin, Rebekah       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$25.00         Principal occupation / Job title (See Instructions) Business Analyst       Employer (See Instructions) Centene       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)       \$25.00         Obj20/2023       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)       \$25.00         Obj20/2023       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)       \$25.00         Obj20/2023       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)       \$25.00         Business Analyst       Centene       Centene       \$25.00       \$25.00         Obj20/2023       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)       \$15.00         Obj0/9/2023       Full name of contributor							
Blue Horizon Texas PAC       00086783         4 Date       5 Full name of contributor       out-of-state PAC (Derminic PAC) (Derminic PAC)       7 Amount of Contribution (S)         05/20/2023       6 Contributor address: City, State: Zip Code       7 Amount of Contribution (S)       \$25.00         A ustin, TX 78748       9 Employer (See Instructione)       Centerne       S25.00         Date       Full name of contributor       out-of-state PAC (Derminic PAC) (Derminic PAC)       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (Derminic PAC) (Derminic PAC)       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (Derminic PAC) (Derminic PAC)       Amount of Contribution (S)         Date       Contributor address; City, State: Zip Code       Amount of Contribution (S)       S25.00         Business Analyst       Centerne       Centerne       Amount of Contribution (S)       S25.00         Date       Austin, TX 78748       Centerne       Amount of Contribution (S)       S25.00         Date       Full name of contributor       out-of-state PAC (Derminic PAC)       Amount of Contribution (S)       S25.00         Date       Full name of contributor       Out-of-state PAC (Derminic PAC)       Amount of Contribution (S)       S25.00         Date <td< td=""><td></td><td>The Instru</td><td>ction Guide explains how to complete this</td><td>form.</td><td>1</td><td></td><td></td></td<>		The Instru	ction Guide explains how to complete this	form.	1		
Blue Horizon Texas PAC       00086783         4 Date       5 Full name of contributor       out-of-state PAC (IDH:	2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
05/20/2023       Martin, Rebekah       \$25.00         6       Contributor address; City; State; Zip Code       \$25.00         8       Principal occupation / Job title (See Instructions)		Blue Horizor	ı Texas PAC				
05/20/2023       Martin, Rebekah       \$25.00         6       Contributor address; City; State; Zip Code       Austin, TX 78748         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/08/2023       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         Date       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$25.00         Date       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/08/2023       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/20/2024       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/09/2023       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/09/2023       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/09/2023       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)         06/09/2023       Full name of contributor       out-of-state PAC (tot;       Amount of Contribution (\$)	4	Date	5 Full name of contributor out-of-state PAC (ID#	·)	7	Amount of Contribution (\$)	
6       Contributor address: City: State: Zip Code         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID::		05/20/2023					\$25.00
8       Principal occupation / Job title (See Instructions) Business Analyst       9       Employer (See Instructions) Centere         Date 06/08/2023       Full name of contributor out-of-state PAC (ID#) Martin, Rebekah Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Business Analyst       Employer (See Instructions) Centere       Amount of Contribution (\$) \$25.00         Date 06/20/2023       Full name of contributor untrin, Rebekah Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Date 06/20/2023       Full name of contributor untrin, Rebekah Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Date 06/09/2023       Full name of contributor untrin, Rebekah Contributor address; City; State; Zip Code       Employer (See Instructions) Centere         Date 06/09/2023       Full name of contributor untributor address; City; State; Zip Code       Amount of Contribution (\$) \$15.00         Date 06/09/2023       Full name of contributor untributor address; City; State; Zip Code       Amount of Contribution (\$) \$15.00         Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight       Amount of Contribution (\$) \$15.00         Date 06/08/2023       Full name of contributor San Antonio, TX 78251       Employer (See Instructions) Alan McKnight       Amount of Contribution (\$) \$15.00         Principal					1		
8       Principal occupation / Job title (See Instructions) Business Analyst       9       Employer (See Instructions) Centere         Date 06/08/2023       Full name of contributor out-of-state PAC (ID#) Martin, Rebekah Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Business Analyst       Employer (See Instructions) Centere       Amount of Contribution (\$) \$25.00         Date 06/20/2023       Full name of contributor untrin, Rebekah Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Date 06/20/2023       Full name of contributor untrin, Rebekah Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Date 06/09/2023       Full name of contributor untrin, Rebekah Contributor address; City; State; Zip Code       Employer (See Instructions) Centere         Date 06/09/2023       Full name of contributor untributor address; City; State; Zip Code       Amount of Contribution (\$) \$15.00         Date 06/09/2023       Full name of contributor untributor address; City; State; Zip Code       Amount of Contribution (\$) \$15.00         Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight       Amount of Contribution (\$) \$15.00         Date 06/08/2023       Full name of contributor San Antonio, TX 78251       Employer (See Instructions) Alan McKnight       Amount of Contribution (\$) \$15.00         Principal							
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Business Analyst       Centene         Date 06/20/2023       Full name of contributor out-of-state PAC (ID#) Martin, Rebekah       Amount of Contribution (\$) \$25.00         Contributor address: City: State; Zip Code		Bringinal occu		Employer (See Instructions	<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         06/20/2023       Martin, Rebekah       S25.00       \$25.00       \$25.00         Austin, TX 78748       Contributor address; City; State; Zip Code       \$25.00       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Business Analyst       Centene       Centene         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/09/2023       McKnight, Alan       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$15.00         Willow, NY 12495       Employer (See Instructions)       \$15.00         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)       \$15.00         06/08/2023       Full name of contributor       out-of-state PAC (ID#:					5)		
06/20/2023       Martin, Rebekah       \$25.00         Contributor address; City; State; Zip Code       Austin, TX 78748         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Analyst       Centene         Date       Full name of contributor       out-of-state PAC (ID#:)         Address; City; State; Zip Code       Amount of Contribution (\$)         06/09/2023       McKnight, Alan       \$15.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         artist       Full name of contributor       out-of-state PAC (ID#:	╞				T	Account of Contribution (¢)	
Contributor address; City; State; Zip Code         Austin, TX 78748         Principal occupation / Job title (See Instructions)         Business Analyst       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/09/2023       McKnight, Alan       \$15.00         Contributor address; City; State; Zip Code       Villow, NY 12495         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         artist       Alan McKnight         Date       Full name of contributor out-of-state PAC (ID#:				:)		(Φ) πουμαπιτιού το τημοποία	¢25.00
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Analyst       Centene         Date       Full name of contributor       out-of-state PAC (ID#:)         06/09/2023       McKnight, Alan       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Villow, NY 12495         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         artist       Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:							
Business Analyst       Centene         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/09/2023       McKnight, Alan       \$15.00         Contributor address; City; State; Zip Code       Villow, NY 12495         Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:) Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:) Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:) Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:) Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:) Mery, John       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       San Antonio, TX 78251       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Austin, TX 78748				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/09/2023       McKnight, Alan       \$15.00         Contributor address; City; State; Zip Code       Willow, NY 12495         Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:) Mery, John       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       San Antonio, TX 78251       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Bar Antonio, TX 78251       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
06/09/2023       McKnight, Alan       \$15.00         Contributor address; City; State; Zip Code       \$15.00         Willow, NY 12495       Employer (See Instructions)         Artist       Alan McKnight         Date       Full name of contributor in out-of-state PAC (ID#:)         Mery, John       Ode/08/2023         Mery, John       Contributor address; City; State; Zip Code         San Antonio, TX 78251       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         San Antonio, TX 78251       Employer (See Instructions)		Business An	alyst	Centene			
Contributor address; City; State; Zip Code         Willow, NY 12495         Principal occupation / Job title (See Instructions) artist         Date       Full name of contributor out-of-state PAC (ID#:) Mery, John         O6/08/2023       Mery, John         Contributor address; City; State; Zip Code         San Antonio, TX 78251         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#	)	Γ	Amount of Contribution (\$)	
Willow, NY 12495         Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight         Date       Full name of contributor out-of-state PAC (ID#:) Mery, John Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$15.00         San Antonio, TX 78251       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		06/09/2023	McKnight, Alan				\$15.00
Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight         Date       Full name of contributor out-of-state PAC (ID#:) Mery, John       Amount of Contribution (\$) \$15.00         Contributor address; City; State; Zip Code       San Antonio, TX 78251         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		ł	Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) artist       Employer (See Instructions) Alan McKnight         Date       Full name of contributor out-of-state PAC (ID#:) Mery, John       Amount of Contribution (\$) \$15.00         Contributor address; City; State; Zip Code       San Antonio, TX 78251         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
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artist       Alan McKnight         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/08/2023       Mery, John       \$15.00         Contributor address; City; State; Zip Code       San Antonio, TX 78251       Funcipal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				-			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/08/2023       Mery, John       \$15.00         Contributor address; City; State; Zip Code       \$15.00         San Antonio, TX 78251       Employer (See Instructions)			pation / Job title (See Instructions)		5)		
06/08/2023       Mery, John       \$15.00         Contributor address; City; State; Zip Code       \$15.00         San Antonio, TX 78251       Employer (See Instructions)		artist		Alan McKnight			
Contributor address; City; State; Zip Code         San Antonio, TX 78251         Principal occupation / Job title (See Instructions)         Employer (See Instructions)				:)		Amount of Contribution (\$)	
San Antonio, TX 78251       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		06/08/2023	Mery, John				\$15.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)			San Antonio, TY 78251				
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The Instrue	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 10/15 Rpt: 14/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Blue Horizon	1 Texas PAC		00086783
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of Contribution (\$)
01/05/2023	Moore, Theodore		\$10.00
	6 Contributor address; City; State; Zip Code		
Dringinglacou	Houston, TX 77071	Employer (See Instruction)	
8 Principal occu sub teacher	pation / Job title (See Instructions)	<ul> <li>9 Employer (See Instructions Kelly</li> </ul>	5)
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Date 06/08/2023	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$) \$5.00
00/00/2023			φυ.υυ 
	Contributor address; City; State; Zip Code		
	berkeley, CA 94707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Not Employe		Not Employed	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
04/03/2023	Nichols, Nancy	(2	\$5.00
	Tyler, TX 75706		
-	pation / Job title (See Instructions)	Employer (See Instructions	s)
Firelight Boo	ks	Firelight Books	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
05/03/2023	Nichols, Nancy		\$5.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75706		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Firelight Boo		Firelight Books	-,
Date	Full name of contributor out-of-state PAC (	(ID#: )	Amount of Contribution (\$)
06/03/2023	Nichols, Nancy	(2	\$5.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75706		
-	pation / Job title (See Instructions)	Employer (See Instructions	s)
Firelight Boo	lks	Firelight Books	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 11/15 Rpt: 15/30
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Blue Horizon Texas PAC	00086783
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/04/2023 Pastin, Susan S.	\$25.00
6 Contributor address; City; State; Zip Code	
Chicago, IL 60626	
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)	
trainer US Railroad Retirement	Board
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/04/2023 Pesch, Roland	\$599.00
Contributor address; City; State; Zip Code	
The Sea Ranch, CA 95497	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Not Employed Not Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/09/2023 Phillips, Betty	\$5.00
Contributor address; City; State; Zip Code	
Creedmoor, TX 78610	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Not Employed Not Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2023 Porter, Candy	\$100.00
Contributor address; City; State; Zip Code	
Austin $TV 70704$	
Austin, TX 78704	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Not EmployedNot Employed	)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/16/2023 Porter, Candy	\$100.00
Contributor address; City; State; Zip Code	
Austin TX 79704	
Austin, TX 78704	N
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1
Not Employed	
Not Employed Not Employed	,

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 12/15 Rpt: 16/30	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	Blue Horizon	ו Texas PAC		00086783	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	06/09/2023	Quittner, Claudia		\$18.	.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75252			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	Research Nl	Jrse	UT Southwestern Medic	al Center	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	03/04/2023	Ryan, Michael		\$10.	.00
		Contributor address; City; State; Zip Code			
		Round Rock, TX 78681			
		ipation / Job title (See Instructions)	Employer (See Instructions)	)	
	Not Employe	;d	Not Employed		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	04/04/2023	Ryan, Michael		\$10.	.00
		Contributor address; City; State; Zip Code			
	<b>-</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Round Rock, TX 78681			
		ipation / Job title (See Instructions)	Employer (See Instructions	)	
	Not Employe		Not Employed		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	~~
	05/04/2023	Ryan, Michael		\$10.	.00
		Contributor address; City; State; Zip Code			
		Round Rock, TX 78681			
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Not Employe		Not Employed	)	
╞			<u> </u>		
	Date 06/04/2023	Full name of contributor out-of-state PAC (ID#:_ Ryan, Michael	)	Amount of Contribution (\$) \$10.	00
	00/04/2025	-		φ10.	.00
		Contributor address; City; State; Zip Code			
		Round Rock, TX 78681			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()	
	Not Employe		Not Employed	,	
⊢		<u></u>			

_						
	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 13/15 Rpt: 17/30	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Blue Horizor	1 Texas PAC			00086783	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/09/2023	Ryan, Michael				\$5.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Round Rock, TX 78681				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Not Employe		Not Employed	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/08/2023					\$40.00
		Contributor address; City; State; Zip Code				
		Albuquerque, NM 87110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> د)		
	Political Scie		Self	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/03/2023	Stanford, Patricia			Allount of Contribution (\$)	\$25.00
	•••••	Contributor address; City; State; Zip Code		$\cdot$		·
		Charlotte, NC 28277				
		pation / Job title (See Instructions)	Employer (See Instructions)	S)		
	Not Employe	2d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/08/2023	Stanford, Patricia				\$15.00
		Contributor address; City; State; Zip Code		]		
		Charlotte, NC 28277				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	 s)		
	Not Employe		Not Employed	-,		
$\vdash$	Date	Full name of contributor out-of-state PAC (ID#:		Ι	Amount of Contribution (\$)	
	03/10/2023	Thompson, Ramona	/		Allount of Contribution (+,	\$25.00
		Contributor address; City; State; Zip Code		·		
		Frisco, TX 75036				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Retired		Retired			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/15 Rpt: 18/30	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	n Texas PAC		00086783	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/10/2023	Thompson, Ramona		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Frisco, TX 75036	-		
	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/10/2023	Thompson, Ramona		\$1	10.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75036	1		
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/08/2023	Thompson, Ramona		\$	\$5.00
	Contributor address; City; State; Zip Code			
	5 TV 75026			
Dringing Loopu	Frisco, TX 75036		、	
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/10/2023	Thompson, Ramona		51	10.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75036			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Retired		Retired	)	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (¢)	
Date 06/14/2023	Full name of contributor out-of-state PAC (ID#: Tipton, Keith	)	Amount of Contribution (\$)	50.00
00/14/2025			ψ <b>υ</b>	50.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79414			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	:)	
tutor		keith tipton	)	

The Instruction Guide explains how to o	Image: Schedule A1:         Sch: 15/15 Rpt: 19/30
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Blue Horizon Texas PAC	00086783
4 Date 5 Full name of contributor 🔲 o	-of-state PAC (ID#:) 7 Amount of Contribution (\$)
06/21/2023 Walker, Patricia	\$15.00
6 Contributor address; City; State; Z	) Code
Fort Worth, TX 76244	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Not Employed	Not Employed
Date Full name of contributor 🔲 o	-of-state PAC (ID#:) Amount of Contribution (\$)
06/04/2023 Zacarias, M Leonor S	\$10.00
Contributor address; City; State; Z	) Code
SAN ANTONIO, TX 78232	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business owner	Frío To Go
Date Full name of contributor 🔲 o	-of-state PAC (ID#:) Amount of Contribution (\$)
06/09/2023 Zacarias, M Leonor S	\$5.00
Contributor address; City; State; Z	) Code
SAN ANTONIO, TX 78232	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business owner	Frío To Go
	-of-state PAC (ID#:) Amount of Contribution (\$)
06/28/2023 sawin, kodi	\$100.00
Contributor address; City; State; Z	) Code
Austin, TX 78711	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self	Sawin Group
	-of-state PAC (ID#:) Amount of Contribution (\$)
03/04/2023 whitley, Diana B.	\$50.00
Contributor address; City; State; Z	/ Code
Denver, CO 80221	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dector	
Pastor	Gonzales Presbyterian Church

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/1 Rpt: 20/30		
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Blue Horizon Texas PAC			00086783		
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5	Date     6     Full name of contributor     Image: out-of-state PAC (ID#:)       06/30/2023     Barnett, Claire		8	Amount of <b>9</b> In-kind contribution contribution (\$) description \$600.00		
<ul> <li>Contributor address; City; State; Zip Code</li> <li>San Antonio, TX 78231</li> </ul>				I I I Check if travel outside of Texas. Complete Schedule T.		
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JUDICIAL) (See instructions)				
	Co-Executive Director	Blue Horizon Texas				
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

### NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Blue Horizon Texas PAC				00086783		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	06/30/2023		Blue Horizon Action Fund				550.00

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayme Fees Office Overhea Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense	nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense Travel in District ravel Out of District /Contract Labor OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/9 Rpt: 22/30	Blue Horizon Texas PAC	00086783			
4 Date	5 Payee name				
01/08/2023	ActBlue				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$0.40	366 Summer Street				
Expenditure from corporate funds	Somerville, MA 02144-3132				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
Date	Payee name				
01/15/2023	ActBlue				
Amount (\$)	Payee address; City; State; Zip Code				
\$0.99	366 Summer Street				
Expenditure from corporate funds	Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
Date	Payee name				
01/22/2023	ActBlue				
Amount (\$)	Payee address; City; State; Zip Code				
\$0.99	366 Summer Street				
Expenditure from corporate funds	Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			

	EXPENDITURE CATEGORIES FOR I	3OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Exper - Gift/Awards/Memorials Expense Printing Expe	ense Travel Out of District es/Contract Labor OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/9 Rpt: 23/30	Blue Horizon Texas PAC	00086783	
4 Date 02/05/2023	5 Payee name ActBlue		
6 Amount (\$)	7 Pavee address: Citv: State: Zip Code	<u>.</u>	
\$0.99	7 Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	<ul> <li>Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> <li>Processing fee</li> </ul>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	It Office held	
Date	Payee name		
02/12/2023	ActBlue		
Amount (\$)	Payee address; City; State; Zip Code		
\$7.12	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held	
Date 02/26/2023	Payee name ActBlue		
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (I Fees	<ul> <li>Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> <li>Processing fee</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expens y - Gift/Awards/Memorials Expense Printing Exper	Ise Travel Out of District Is/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 3/9 Rpt: 24/30	Blue Horizon Texas PAC	00086783	
4 Date 03/05/2023	5 Payee name ActBlue		
6 Amount (\$) \$29.45	7 Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
03/12/2023	ActBlue		
Amount (\$) \$6.77	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b). Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held	
Date 03/26/2023	Payee name ActBlue		
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b), Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held	

	EXPENDITURE CATEGORIES FOR I	3OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Exper - Gift/Awards/Memorials Expense Printing Expe	ense Travel Out of District es/Contract Labor OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 4/9 Rpt: 25/30	Blue Horizon Texas PAC	00086783	
4 Date 03/31/2023	5 Payee name ActBlue		
6 Amount (\$)	7 Payee address; City; State; Zip Code	2	
\$0.99	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	<ul> <li>Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> <li>Processing fee</li> </ul>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held	
Date	Payee name		
04/09/2023	ActBlue		
Amount (\$) \$0.60	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held	
Date 04/16/2023	Payee name ActBlue		
Amount (\$) \$1.39	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (I Fees	<ul> <li>Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> <li>Processing fee</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/9 Rpt: 26/30	Blue Horizon Texas PAC 00086783		
4 Date	5 Payee name		
04/23/2023	ActBlue		
6 Amount (\$) \$1.39	7 Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
05/07/2023	ActBlue		
Amount (\$) \$0.60	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date 05/14/2023	Payee name ActBlue		
Amount (\$) \$1.39	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	pense Travel in District xpense Travel Out of District /ages/Contract Labor OTHER (enter a categ	nent & Related Expense
<b>1</b> Total pages Schedule F1:		· ·	hics Commission Filers)
Sch: 6/9 Rpt: 27/30	Blue Horizon Texas PAC	00086783	
4 Date 05/21/2023	5 Payee name ActBlue		
6 Amount (\$) \$4.94	7 Payee address; City; State; Zip C 366 Summer Street	de	
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living experiencessing fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ght Office held	
Date	Payee name		
05/28/2023	ActBlue		
Amount (\$) \$3.18	Payee address; City; State; Zip C 366 Summer Street	de	
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete : Check if Austin, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ght Office held	
Date	Payee name		
06/11/2023	ActBlue		
Amount (\$) \$13.46	Payee address; City; State; Zip C 366 Summer Street	de	
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete : Check if Austin, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ght Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/9 Rpt: 28/30	Blue Horizon Texas PAC 00086783		
4 Date	5 Payee name		
06/18/2023	ActBlue		
6 Amount (\$) \$8.51	7 Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul> </li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
06/25/2023	ActBlue		
Amount (\$) \$5.54	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date 06/30/2023	Payee name ActBlue		
Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 8/9 Rpt: 29/30	Blue Horizon Texas PAC 00086783		
4 Date	5 Payee name		
04/27/2023	Cates Legal Group		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	5910 Clementine Lane		
Expenditure from corporate funds	Austin, TX 78744		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Legal Services</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Legal fees</li> </ul> </li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/31/2023	Cates Legal Group		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	5910 Clementine Lane		
Expenditure from corporate funds	Austin, TX 78744		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Legal Services</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Legal fees</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Pavee name		
01/31/2023	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.00	111 W. Houston St		
X Expenditure from corporate funds	San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Service fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)	
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 9/9 Rpt: 30/30	Blue Horizon Texas PAC		00086783	
4 Date	5 Payee name			
06/30/2023	Phillips, Stephanie			
6 Amount (\$) \$600.00	7 Payee address; City; State PO Box 2857	; Zip Code		
corporate funds	Wimberley, TX 78676			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense Oport	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held	
Date	Payee name			
06/10/2023	Phillips, Stephanie			
Amount (\$)	Payee address; City; State	; Zip Code		
\$600.00	PO Box 2857			
X Expenditure from corporate funds	Wimberley, TX 78676			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense Oport	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held	