

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084350	<b>2</b> Total pages filed: 18
<b>3</b> COMMITTEE NAME Our Texas		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/14/2023	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Alan	
NICKNAME		LAST	SUFFIX
		Metni	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	415-3313	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2023		06/30/2023
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Our Texas	<b>13 Filer ID</b> (Ethics Commission Filers) 00084350
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 838.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,352.63
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 9,374.86
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Mr. Alan Metni  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 18

<b>17 COMMITTEE NAME</b> Our Texas		<b>18 Filer ID</b> 00084350	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	838.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	7,352.63
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt: 6/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 05/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fairfield, CA 94534	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrative Associate		<b>9</b> Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blechynden, Ellisha <hr/> Contributor address; City; State; Zip Code  San francisco, CA 94110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blechynden, Ellisha <hr/> Contributor address; City; State; Zip Code  San francisco, CA 94110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/14 Rpt: 7/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 02/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom		
<b>8</b> Principal occupation / Job title (See Instructions) Partnerships		<b>9</b> Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom		
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom		
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom		
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom		
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/14 Rpt: 8/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78758	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Regulation		<b>9</b> Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78758	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Regulation		<b>9</b> Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fink, Sarah <hr/> Contributor address; City; State; Zip Code  Port Washington, NY 11050	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fink, Sarah <hr/> Contributor address; City; State; Zip Code  Port Washington, NY 11050	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fink, Sarah <hr/> Contributor address; City; State; Zip Code  Port Washington, NY 11050	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fink, Sarah <hr/> Contributor address; City; State; Zip Code  Port Washington, NY 11050	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94102	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Development		<b>9</b> Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94102		
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Development		<b>9</b> Employer (See Instructions)
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75287		
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75287		
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions)
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Nashville, TN 37204		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Nashville, TN 37204		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/18
2 FILER NAME Our Texas		3 Filer ID (Ethics Commission Filers) 00084350
4 Date 03/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Nashville, TN 37204	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Nashville, TN 37204	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Nashville, TN 37204	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Nashville, TN 37204	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/14 Rpt: 13/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 02/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Santa Cruz, CA 95060		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Santa Cruz, CA 95060		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Santa Cruz, CA 95060		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Santa Cruz, CA 95060		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/14 Rpt: 14/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aumsville, OR 97325	<b>7</b> Amount of Contribution (\$)  \$6.00
<b>8</b> Principal occupation / Job title (See Instructions) Writer/Editor		<b>9</b> Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee <hr/> Contributor address; City; State; Zip Code  Aumsville, OR 97325	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee <hr/> Contributor address; City; State; Zip Code  Aumsville, OR 97325	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee <hr/> Contributor address; City; State; Zip Code  Aumsville, OR 97325	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee <hr/> Contributor address; City; State; Zip Code  Aumsville, OR 97325	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	<b>7</b> Amount of Contribution (\$) \$6.00
<b>6</b> Contributor address; City; State; Zip Code  Aumsville, OR 97325		
<b>8</b> Principal occupation / Job title (See Instructions) Writer/Editor		<b>9</b> Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/14 Rpt: 16/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 05/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Littleton, CO 80130		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Richmond, VA 23227		
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Richmond, VA 23227		
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Richmond, VA 23227		
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/18
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 04/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23227		
<b>8</b> Principal occupation / Job title (See Instructions) Process manager		<b>9</b> Employer (See Instructions)
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Richmond, VA 23227		
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Richmond, VA 23227		
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 18/18	<b>2</b> FILER NAME Our Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/30/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$33.28  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense card processing fees.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2023	Payee name Haynes, Sean	
Amount (\$) \$6,042.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 901 W. 9th Street  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video editing.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2023	Payee name Holland & Knight LLP	
Amount (\$) \$1,277.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 68 San Jacinto Blvd, Suite 1900  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held