

# 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 Filer ID</b> (Ethics Commission Filers) 00086185	<b>2 Total pages filed:</b> 46
<b>3 COMMITTEE NAME</b> Access Education		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 07/09/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5900 BALCONES DR STE 100 Austin, TX 78731	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR FIRST MI Ms. Meghna <hr/> NICKNAME LAST SUFFIX Roy	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15304 Whistling Straights Dr. Austin, TX 78717	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14005 McNeil Rd. PO Box 16 McNeil, TX 78651	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION (512) 992-7187	
<b>9 REPORT TYPE</b>		<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 PERIOD COVERED</b>		Month Day Year      Month Day Year 01/01/2023      THROUGH      06/30/2023	
<b>11 ELECTION</b>		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Access Education	<b>13 Filer ID</b> (Ethics Commission Filers) 00086185
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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)	\$ 2,455.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,853.81
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 7,700.30
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.

Ms. Meghna Roy  
\_\_\_\_\_  
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**

<b>17 COMMITTEE NAME</b> Access Education		<b>18 Filer ID</b> 00086185	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,455.00
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	\$	1,853.81
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: 1/25 Rpt: 4/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Birkholz, Jennie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Birkholz, Jennie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Birkholz, Jennie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/25 Rpt: 5/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Videographer		<b>9</b> Employer (See Instructions) Self
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cord, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Environmental educator a		Employer (See Instructions) Travis Audubon

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/25 Rpt: 6/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 02/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cord, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Environmental educator a		<b>9</b> Employer (See Instructions) Travis Audubon
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cord, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Environmental educator a		Employer (See Instructions) Travis Audubon
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cord, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Environmental educator a		Employer (See Instructions) Travis Audubon
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cord, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Environmental educator a		Employer (See Instructions) Travis Audubon
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cord, Erin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Environmental educator a		Employer (See Instructions) Travis Audubon

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/25 Rpt: 7/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cristobal, Katherine	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726		
<b>8</b> Principal occupation / Job title (See Instructions) librarian		<b>9</b> Employer (See Instructions) university
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cristobal, Katherine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78726		
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) university
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cristobal, Katherine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78726		
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) university
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cristobal, Katherine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78726		
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) university
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cristobal, Katherine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78726		
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) university

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/25 Rpt: 8/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 06/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cristobal, Katherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) librarian		<b>9</b> Employer (See Instructions) university
Date 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasgupta, Anshu <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm
Date 02/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasgupta, Anshu <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm
Date 03/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasgupta, Anshu <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasgupta, Anshu <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/25 Rpt: 9/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 05/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasgupta, Anshu <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Qualcomm
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dasgupta, Anshu <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dower, Carolyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions) none
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dower, Carolyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions) none
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dower, Carolyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/25 Rpt: 10/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 04/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dower, Carolyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) retired nurse		<b>9</b> Employer (See Instructions) none
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dower, Carolyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions) none
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dower, Carolyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions) none
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duff, Katherine <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duff, Katherine <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/25 Rpt: 11/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duff, Katherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) atty		<b>9</b> Employer (See Instructions) self
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duff, Katherine <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duff, Katherine <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duff, Katherine <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self
Date 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gogate, Mayuresh <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DELL EMC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/25 Rpt: 12/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 02/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gogate, Mayuresh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) DELL EMC
Date 03/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gogate, Mayuresh <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DELL EMC
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gogate, Mayuresh <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DELL EMC
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gogate, Mayuresh <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DELL EMC
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gogate, Mayuresh <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DELL EMC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/25 Rpt: 13/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Christina	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Christina	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Christina	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honig, Robyn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honig, Robyn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/25 Rpt: 14/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honig, Robyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honig, Robyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klekman, Jon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Teacher Retirement System
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klekman, Jon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Teacher Retirement System
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klekman, Jon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Teacher Retirement System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/25 Rpt: 15/46
2 FILER NAME Access Education		3 Filer ID (Ethics Commission Filers) 00086185
4 Date 04/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klekman, Jon	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78728	
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Teacher Retirement System
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klekman, Jon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78728	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Teacher Retirement System
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klekman, Jon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78728	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Teacher Retirement System
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, XIAOQIN	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ut
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, XIAOQIN	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ut

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/25 Rpt: 16/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, XIAOQIN ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) ut
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, XIAOQIN ..... Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ut
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, XIAOQIN ..... Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ut
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, XIAOQIN ..... Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ut
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Angie ..... Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/25 Rpt: 17/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 02/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Angie	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Round Rock ISD
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Angie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Angie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Angie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Angie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/25 Rpt: 18/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Jeaneane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Jeaneane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Jeaneane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Jeaneane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Jeaneane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/25 Rpt: 19/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 06/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Jeaneane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnary, Meenal <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) mneg
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnary, Meenal <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) mneg
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnary, Meenal <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) mneg
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnary, Meenal <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) mneg

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/25 Rpt: 20/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 05/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnary, Meenal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) dentist		<b>9</b> Employer (See Instructions) mneg
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnary, Meenal <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) mneg
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molis, Rebecca <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molis, Rebecca <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molis, Rebecca <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/25 Rpt: 21/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molis, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions) Dell
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molis, Rebecca <hr/> Contributor address; City; State; Zip Code  ROUND ROCK, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molis, Rebecca <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Probe, Shannon <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Probe, Shannon <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/25 Rpt: 22/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Probe, Shannon	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Probe, Shannon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Probe, Shannon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Probe, Shannon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vencill, Tony	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Security Engineer		Employer (See Instructions) Oracle

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/25 Rpt: 23/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 02/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vencill, Tony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Security Engineer		<b>9</b> Employer (See Instructions) Oracle
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vencill, Tony <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Security Engineer		Employer (See Instructions) Oracle
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vencill, Tony <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Security Engineer		Employer (See Instructions) Oracle
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vencill, Tony <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Security Engineer		Employer (See Instructions) Oracle
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vencill, Tony <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Security Engineer		Employer (See Instructions) Oracle

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/25 Rpt: 24/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) AACNS
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/25 Rpt: 25/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 06/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) AACNS
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohn, Caleb	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Implementation Consultant		Employer (See Instructions) Fast Enterprises
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohn, Caleb	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Implementation Consultant		Employer (See Instructions) Fast Enterprises
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohn, Caleb	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Implementation Consultant		Employer (See Instructions) Fast Enterprises
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohn, Caleb	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Implementation Consultant		Employer (See Instructions) Fast Enterprises

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/25 Rpt: 26/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 05/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohn, Caleb <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Implementation Consultant		<b>9</b> Employer (See Instructions) Fast Enterprises
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohn, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Implementation Consultant		Employer (See Instructions) Fast Enterprises
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) York, Rosa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Preschool Science Teacher		Employer (See Instructions) Bethany Preschool
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) York, Rosa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Preschool Science Teacher		Employer (See Instructions) Bethany Preschool
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) York, Rosa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Preschool Science Teacher		Employer (See Instructions) Bethany Preschool

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/25 Rpt: 27/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 04/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) York, Rosa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Preschool Science Teacher		<b>9</b> Employer (See Instructions) Bethany Preschool
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) York, Rosa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Preschool Science Teacher		Employer (See Instructions) Bethany Preschool
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) compton, dorothy a <hr/> Contributor address; City; State; Zip Code  takoma park, MD 20913	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) compton, dorothy a <hr/> Contributor address; City; State; Zip Code  takoma park, MD 20913	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) compton, dorothy a <hr/> Contributor address; City; State; Zip Code  takoma park, MD 20913	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/25 Rpt: 28/46
<b>2</b> FILER NAME Access Education		<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 04/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) compton, dorothy a	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  takoma park, MD 20913		
<b>8</b> Principal occupation / Job title (See Instructions) artist		<b>9</b> Employer (See Instructions) self
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) compton, dorothy a	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  takoma park, MD 20913		
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) compton, dorothy a	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  takoma park, MD 20913		
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self

# 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: 1/18 Rpt: 29/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/01/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$0.99  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2023	Payee name ActBlue	
Amount (\$) \$5.34  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2023	Payee name ActBlue	
Amount (\$) \$3.09  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 2/18 Rpt: 30/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/22/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$5.75  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2023	Payee name ActBlue	
Amount (\$) \$3.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2023	Payee name ActBlue	
Amount (\$) \$1.39  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 3/18 Rpt: 31/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 02/12/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$5.85  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2023	Payee name ActBlue	
Amount (\$) \$6.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2023	Payee name ActBlue	
Amount (\$) \$4.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 4/18 Rpt: 32/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/05/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$1.39 <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2023	Payee name ActBlue	
Amount (\$) \$5.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2023	Payee name ActBlue	
Amount (\$) \$6.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# 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: 5/18 Rpt: 33/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/26/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$4.17  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2023	Payee name ActBlue	
Amount (\$) \$1.39  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2023	Payee name ActBlue	
Amount (\$) \$0.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 6/18 Rpt: 34/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 04/16/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$2.39  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2023	Payee name ActBlue	
Amount (\$) \$6.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2023	Payee name ActBlue	
Amount (\$) \$3.37  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 7/18 Rpt: 35/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 05/07/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$1.39  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/14/2023	Payee name ActBlue	
Amount (\$) \$1.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2023	Payee name ActBlue	
Amount (\$) \$6.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 8/18 Rpt: 36/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 05/28/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$1.99  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2023	Payee name ActBlue	
Amount (\$) \$0.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2023	Payee name ActBlue	
Amount (\$) \$3.87  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 9/18 Rpt: 37/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 06/18/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$7.34  <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) Fees	<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 Payment processing platform fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2023	Payee name ActBlue	
Amount (\$) \$0.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name ActBlue	
Amount (\$) \$3.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 10/18 Rpt: 38/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 05/23/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$3.69  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Community outreach
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/25/2023	Payee name Amazon	
Amount (\$) \$21.87  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community outreach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2023	Payee name Amazon	
Amount (\$) \$34.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community outreach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 11/18 Rpt: 39/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 01/01/2023	<b>5</b> Payee name Google	
<b>6</b> Amount (\$) \$57.56  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Google work suite
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2023	Payee name Google	
Amount (\$) \$57.56  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google work suite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Google	
Amount (\$) \$62.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google work suite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 12/18 Rpt: 40/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 04/01/2023	<b>5</b> Payee name Google	
<b>6</b> Amount (\$) \$63.96  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Google work suite
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Google	
Amount (\$) \$63.96  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google work suite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2023	Payee name Google	
Amount (\$) \$63.96  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google work suite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# 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: 13/18 Rpt: 41/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/07/2023	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$42.11 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communication platform
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2023	Payee name Mailchimp	
Amount (\$) \$42.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2023	Payee name Mailchimp	
Amount (\$) \$42.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 14/18 Rpt: 42/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 06/08/2023	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$42.11  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communication platform
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2023	Payee name Slack	
Amount (\$) \$122.26  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Howard St  San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2023	Payee name Slack	
Amount (\$) \$132.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Howard St  San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 15/18 Rpt: 43/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/02/2023	<b>5</b> Payee name Slack	
<b>6</b> Amount (\$) \$190.98  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 500 Howard St  San Francisco, CA 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communication platform
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2023	Payee name Slack	
Amount (\$) \$88.34  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Howard St  San Francisco, CA 94105	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communication platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Slack	
Amount (\$) \$150.39  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Howard St  San Francisco, CA 94105	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communication platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 16/18 Rpt: 44/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 06/02/2023	<b>5</b> Payee name Slack	
<b>6</b> Amount (\$) \$102.24  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 500 Howard St  San Francisco, CA 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communication platform
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2023	Payee name Wordpress	
Amount (\$) \$35.72  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 60 29th St #343  San Francisco, CA 94110-4929	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2023	Payee name Wordpress	
Amount (\$) \$35.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 60 29th St #343  San Francisco, CA 94110-4929	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 17/18 Rpt: 45/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
<b>4</b> Date 03/24/2023	<b>5</b> Payee name Wordpress	
<b>6</b> Amount (\$) \$35.18  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 60 29th St #343  San Francisco, CA 94110-4929	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website charges
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2023	Candidate/Officeholder name Office sought Office held	
Payee name Wordpress		
Amount (\$) \$35.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 60 29th St #343  San Francisco, CA 94110-4929	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/24/2023	Candidate/Officeholder name Office sought Office held	
Payee name Wordpress		
Amount (\$) \$35.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 60 29th St #343  San Francisco, CA 94110-4929	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/18 Rpt: 46/46	<b>2</b> FILER NAME Access Education	<b>3</b> Filer ID (Ethics Commission Filers) 00086185
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<b>4</b> Date 06/24/2023	<b>5</b> Payee name Wordpress
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<b>6</b> Amount (\$) \$35.18  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 60 29th St #343  San Francisco, CA 94110-4929
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website charges
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/02/2023	Payee name Zoom
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Amount (\$) \$159.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Fl  San Jose, CA 95113
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Communications tool
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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