GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00086185)	2 Total pages file 46	
3	COMMITTEE NAME					OFFICE U	SE ONLY
	Access Education					Date Received ELECTRONICA 07/09/2023	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE;	ZIP CODE		
	ADDRESS	5900 BALCONES DR				Date Hand-delivered or	Date Postmarked
	Change of Address	STE 100					
		Austin, TX 78731				Receipt #	Amount
						Date Processed	
						Date Frocessed	
						Date Imaged	
5	CAMPAIGN	MS/MRS/MR FIRST				MI	
	TREASURER NAME	Ms. Meghna					
		NICKNAME LAST				SUFFIX	
		Roy					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE	E#; CITY;	STA	TE; ZIP CODE
	STREET ADDRESS	15304 Whistling Straights Dr.					
	(Residence or Business)	Austin, TX 78717					
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUIT	TE #; CITY;	ST	ATE; ZIP CODE
	MAILING	14005 McNeil Rd.					
	ADDRESS	PO Box 16					
	Change of Address	McNeil, TX 78651					
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EX	ENSION			
	PHONE	(512) 992-7187					
9	REPORT	January 15	0th d	lay before election		Dissolution (Attack	PAC-DR)
	TYPE		th da	y before election		10th day after cam	paign treasurer
		X July 15	luno	-		termination	
			uno				
10	PERIOD COVERED	Month Day Year 01/01/2023 T	HR	M DUGH	onth Day 06/30/2023	Year	
					00/30/2020	,	
11	ELECTION	ELECTION DATE		ELEC	TION TYPE		
		Month Day Year	Prim	ary 🗌 Ru	unoff	Other	
			Gen	eral Sp	pecial		
		GO	то	PAGE 2			
Foi	rms provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Versio	n V3.5.1.a18ea2ca

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Access Education			00086185	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,455.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,853.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,700.30
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Ms. Meg	ghna Roy	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
		, thy witness my hand and seal of office.	nis the	day
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas	Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

SUBTOTALS - GPAC	C	FORM GPAC OVER SHEET PG 3 3 of 46
17 COMMITTEE NAME Access Education	18 Filer ID 00086185	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,455.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,853.81
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

<u> </u>						
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/25 Rpt: 4/46	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Access Educ	cation			00086185	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/10/2023	Birkholz, Jennie			()	\$5.00
		6 Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	-,		
				Т		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	AF 00
	02/10/2023	Birkholz, Jennie				\$5.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681	1			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	03/10/2023	Birkholz, Jennie				\$5.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	d	Not Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2023	Blackard, Patrick M			()	\$10.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Videographe		Self	-,		
╞				Т	Amount of Contribution (\$)	
	Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: Blackard, Patrick M)			\$10.00
	02/15/2025					Φ10.00
		Contributor address; City; State; Zip Code				
		Pound Pock TV 79691				
┡	Drincipal	Round Rock, TX 78681				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Videographe	1 	Self			
I I						

6 Contributor address; City; State; Zip Code Round Rock, TX 78681 Round Rock, TX 78681 8 Principal occupation / Job title (See Instructions) Videographer 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	ers) \$10.00
Access Edu Max 00086185 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/15/2023 Blackard, Patrick M 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occurrion / Job title (See Instructions) Videographer 9 Employer (See Instructions) Self 9 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M out-of-state PAC (ID#:) Amount of Contribution (\$)	-
Access Eduction 00086185 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/15/2023 Blackard, Patrick M 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occursor Job title (See Instructions) Videographer 9 Employer (See Instructions) Self Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M out-of-state PAC (ID#:) Amount of Contribution (\$)	-
03/15/2023 Blackard, Patrick M 6 Contributor address; City; State; Zip Code Round Rock, TX 78681 8 Principal occupation / Job title (See Instructions) Videographer 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M Amount of Contribution (\$)	\$10.00
6 Contributor address; City; State; Zip Code 8 Round Rock, TX 78681 9 Employer (See Instructions) Videographer Videographer Self Date Full name of contributor out-of-state PAC (ID#:) 04/15/2023 Blackard, Patrick M Amount of Contribution (\$)	\$10.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78681 8 Principal occupation / Job title (See Instructions) Videographer 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M	
8 Principal occupation / Job title (See Instructions) Videographer 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M Image: Contribution (Contribution (Contr	
8 Principal occupation / Job title (See Instructions) Videographer 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M Image: Contribution (Contribution (Contr	
Videographer Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M Image: Contribution (Contribution (Con	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/15/2023 Blackard, Patrick M	
04/15/2023 Blackard, Patrick M	
04/15/2023 Blackard, Patrick M	
	\$10.00
Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Videographer Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
05/15/2023 Blackard, Patrick M	\$10.00
Contributor address; City; State; Zip Code	
Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Videographer Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
	\$10.00
Contributor address; City; State; Zip Code	P10.00
Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Videographer Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
01/17/2023 Cord, Erin	\$5.00
Contributor address; City; State; Zip Code	
כטוונווטענטו מעטובשא, כוגא, אומי כטעצ	
Austin, TX 78750	
Austin, TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Austin, TX 78750	

SCHEDULE	A1
----------	----

L					
The Instru	uction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/25 Rpt: 6/46	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
Access Edu	cation			00086185	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
02/17/2023	Cord, Erin				\$5.00
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78750				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Environmen	ntal educator a	Travis Audubon			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
03/17/2023					\$5.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78750				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Environmen	ntal educator a	Travis Audubon			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/17/2023					\$5.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78750				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Environmen	ntal educator a	Travis Audubon			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/17/2023	Cord, Erin				\$5.00
	Contributor address; City; State; Zip Code		1		
1					
	Austin, TX 78750	-			
	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Environmen	ntal educator a	Travis Audubon			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/17/2023	Cord, Erin				\$5.00
1	Contributor address; City; State; Zip Code		1		
1					
1					
	Austin, TX 78750				
-	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Environmen	ntal educator a	Travis Audubon			

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/25 Rpt: 7/46	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Access Educ	cation			00086185	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/13/2023	Cristobal, Katherine				\$5.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78726				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	librarian		university			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/13/2023	Cristobal, Katherine				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78726				
		upation / Job title (See Instructions)	Employer (See Instructions)		
	librarian		university			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/13/2023	Cristobal, Katherine				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78726				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	librarian		university	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/13/2023	Cristobal, Katherine				\$5.00
		Contributor address; City; State; Zip Code				
\vdash	Duit singly oppu	Austin, TX 78726		Ļ		
	Principal occu librarian	ipation / Job title (See Instructions)	Employer (See Instructions)		
			university	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2023	Cristobal, Katherine				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78726				
\vdash	Drinsipal ago		Employer (See Instructions			
	librarian	upation / Job title (See Instructions)	Employer (See Instructions)		
	liuranan		university			
						1

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/25 Rpt: 8/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Access Educ	cation		00086185
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/13/2023	Cristobal, Katherine		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78726		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	()
librarian		university	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/18/2023	Dasgupta, Anshu		\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Engineer		Qualcomm	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/18/2023	Dasgupta, Anshu		\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
	ipation / Job title (See Instructions)	Employer (See Instructions))
Engineer		Qualcomm	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2023	Dasgupta, Anshu		\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Engineer		Qualcomm)
			Amount of Contribution (\$)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: Dasgupta, Anshu)	Amount of Contribution (\$) \$50.00
04/10/2020			
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	() ;)
Engineer		Qualcomm	,
J			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/25 Rpt: 9/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Access Edu	cation		00086185
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/18/2023	Dasgupta, Anshu		\$50.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78759		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Engineer		Qualcomm	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/18/2023	Dasgupta, Anshu		\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
-	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	s)
Engineer		Qualcomm	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2023	Dower, Carolyn		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78726		
	upation / Job title (See Instructions)	Employer (See Instructions	
retired nurse	<u>}</u>	none	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
02/08/2023	Dower, Carolyn		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78726		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired nurse	<u>;</u>	none	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/08/2023	Dower, Carolyn		\$10.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78726		
	upation / Job title (See Instructions)	Employer (See Instructions	
retired nurse	<u> </u>	none	
		•	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/25 Rpt: 10/46	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Access Edu			00086185	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
04/08/2023	Dower, Carolyn			\$10.00
	6 Contributor address; City; State; Zip Code			
	Austin TV 20226			
• Principal occu	Austin, TX 78726 upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
retired nurse		none)	
Date		#:)	Amount of Contribution (\$)	¢10.00
05/08/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78726			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()	
retired nurse		none	7	
Date			Amount of Contribution (\$)	
06/08/2023	Full name of contributor out-of-state PAC (ID# Dower, Carolyn	£)		\$10.00
00/00/2020				Ψ10.00
	Contributor address, City, State, Zip Code			
	Austin, TX 78726			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
retired nurse	Ś	none		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/26/2023	Duff, Katherine			\$30.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78664			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	·)	
atty		self		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
02/26/2023	Duff, Katherine			\$30.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78664			
-	upation / Job title (See Instructions)	Employer (See Instructions	i)	
atty		self		
1				1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/25 Rpt: 12/46
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Access Education	00086185
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/18/2023 Gogate, Mayuresh	\$25.00
6 Contributor address; City; State; Zip Code	1
Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	3)
Engineer DELL EMC	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2023 Gogate, Mayuresh	\$25.00
Contributor address; City; State; Zip Code	
Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	~\
Engineer DELL EMC	»)
	م المعالم المعا المعالم المعالم
Date Full name of contributor out-of-state PAC (ID#:) 04/18/2023 Gogate, Mayuresh	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code	φ20.00
Continuation address, City, State, Zip Code	
Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Engineer DELL EMC	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2023 Gogate, Mayuresh	\$25.00
Contributor address; City; State; Zip Code	1
Round Rock, TX 78681	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions	<i>š</i>)
Engineer DELL EMC	.
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/18/2023 Gogate, Mayuresh	\$25.00
Contributor address; City; State; Zip Code	
Round Rock TX 78681	
Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions)	c)
Principal occupation / Job title (See Instructions) Employer (See Instructions	\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions	\$)

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 10/25 Rpt: 13/46	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Access Educ	cation			00086185	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	01/07/2023	Haley, Christina				\$100.00
		6 Contributor address; City; State; Zip Code		1		
_	- · · ·	Round Rock, TX 78665		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Not Employe		Not Employed	_		
	Date		D#:)		Amount of Contribution (\$)	
	02/07/2023					\$100.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78665				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د</u> ا		
	Not Employe		Not Employed	5)		
	Date			Т	Amount of Contribution (\$)	
	03/07/2023	Haley, Christina	D#:)			\$100.00
	00/01/2020	Contributor address; City; State; Zip Code		-		Ψ100.00
		Round Rock, TX 78665				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	2d	Not Employed			
	Date	Full name of contributor out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	01/24/2023	Honig, Robyn				\$5.00
		Contributor address; City; State; Zip Code		1		
	Driveland energy	Austin, TX 78759		ŕ		
	•	pation / Job title (See Instructions)	Employer (See Instructions Not employed	5)		
	Not employe			1		
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	<u>م</u> ح 00
	02/24/2023	Honig, Robyn				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Not employe		Not employed	-,		

The Instruction	n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/25 Rpt: 14/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Access Education	n		00086185
4 Date 5 F	Full name of contributor 🔲 out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/24/2023 H	Honig, Robyn		\$5.00
6 (Contributor address; City; State; Zip Code		
	Austin, TX 78759	2 Employer (Cap Instructions	x
 8 Principal occupation Not employed 	on / Job title (See Instructions)	9 Employer (See Instructions) Not employed	5)
	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
l	Honig, Robyn		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
	on / Job title (See Instructions)	Employer (See Instructions	
Not employed	•	Not employed	, ,
Date F	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/09/2023 H	Klekman, Jon		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78728		
	on / Job title (See Instructions)	Employer (See Instructions	,
Analyst		Teacher Retirement Sys	
	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Klekman, Jon		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78728		
	on / Job title (See Instructions)	Employer (See Instructions	
Analyst	······································	Teacher Retirement Sys	,
-	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Klekman, Jon	/	\$10.00
	Contributor address; City; State; Zip Code		
<i>F</i>	Austin, TX 78728		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions	
Analyst		Teacher Retirement Sys	stem

The Instru	iction Guide explains how to complete this	s form	1 Total pages Schedule A1:	
) IOIIII.	Sch: 12/25 Rpt: 15/46	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
Access Edu			00086185	
4 Date 04/09/2023	5 Full name of contributor out-of-state PAC (ID# Klekman, Jon	#:)	7 Amount of Contribution (\$)	\$10.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78728			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Analyst		Teacher Retirement Sys	stem	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05/09/2023				\$10.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78728			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Analyst		Teacher Retirement Sys	stem	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
06/09/2023	Klekman, Jon			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78728			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Analyst		Teacher Retirement Sys	stem	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/17/2023	Li, XIAOQIN			\$30.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78759			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Teacher		ut		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
02/17/2023	Li, XIAOQIN			\$30.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>,</u> ,	
Teacher		ut		

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

				-		
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 14/25 Rpt: 17/46	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
	Access Educ	cation			00086185	-
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	02/12/2023	McDaniel, Angie				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78664				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Teacher		Round Rock ISD			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Ī	Amount of Contribution (\$)	
	03/12/2023	McDaniel, Angie]		\$10.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Teacher		Round Rock ISD	5)		
				.		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	Φ10 00
	04/12/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> S)		
	Teacher	•	Round Rock ISD			
	Date	Full name of contributor out-of-state PAC (ID)	Τ	Amount of Contribution (\$)	
	05/12/2023	McDaniel, Angie			· · · · · ·	\$10.00
		Contributor address; City; State; Zip Code		•		
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher		Round Rock ISD			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	06/12/2023	McDaniel, Angie				\$10.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78664				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Teacher		Round Rock ISD			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/25 Rpt: 18/46	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Access Edu	cation		00086185	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/22/2023	McNulty, Jeaneane			\$10.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78728	<u> </u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions	.)	
Not employe		Not employed		
Date		:)	Amount of Contribution (\$)	
02/22/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78728			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Not employe		Not employed)	
Date			Amount of Contribution (\$)	
03/22/2023	Full name of contributor out-of-state PAC (ID#: McNulty, Jeaneane)		\$10.00
0012212020				ΨT0.00
	Continuation address, City, State, Zip Code			
	Austin, TX 78728			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Not employe	3d	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
04/22/2023	McNulty, Jeaneane			\$10.00
	Contributor address; City; State; Zip Code			
Di balaan	Austin, TX 78728		、	
	upation / Job title (See Instructions)	Employer (See Instructions	,)	
Not employe		Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	*10.00
05/22/2023	McNulty, Jeaneane			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78728			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Not employe		Not employed	,	

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 16/25 Rpt: 19/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Access Edu	cation		00086185
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)
06/22/2023	McNulty, Jeaneane		\$10.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78728		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Not employe		Not employed	1
Date		D#:)	Amount of Contribution (\$)
01/17/2023			\$25.0
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78664		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
dentist		mneg	,
Date	Full name of contributor out-of-state PAC (IE		Amount of Contribution (\$)
02/17/2023	Mcnary, Meenal)#)	\$25.0
02/11/2020	Contributor address; City; State; Zip Code		
	Round Rock, TX 78664		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;; ;)
dentist		mneg	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
03/17/2023	Mcnary, Meenal		\$25.0
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78664		<u> </u>
Principal occu dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)
	— ———————————————————————————————————	mneg	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
04/17/2023	Mcnary, Meenal		\$25.0
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78664		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
dentist	· · ·	mneg	-
		1	

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

\$25.00

\$25.00

\$50.00

\$50.00

\$50.00

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

_						
	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 19/25 Rpt: 22/46	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Access Educ	cation			00086185	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	±05.00
	03/15/2023	Probe, Shannon				\$25.00
		6 Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/15/2023	Probe, Shannon				\$25.00
		Contributor address; City; State; Zip Code		1		
	71.1.1	Round Rock, TX 78664		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Not Employe			.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷05 00
	05/15/2023	Probe, Shannon				\$25.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/15/2023	Probe, Shannon				\$25.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78664				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	2d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	01/23/2023	Vencill, Tony				\$10.00
		Contributor address; City; State; Zip Code]		
		Round Rock, TX 78665				
_	Dringinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Security Eng		Oracle	5)		

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

		•	1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	form.	Sch: 21/25 Rpt: 24/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Access Edu	cation	_	00086185
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/01/2023	Waelchli, Melissa		\$25.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78729		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Teacher		AACNS	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/01/2023	Waelchli, Melissa	/	\$10.
v= , <u>-</u> <u>-</u> , <u>-</u>			•
	Austin, TX 78729		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Teacher		AACNS	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/01/2023	Waelchli, Melissa		\$10.
	Contributor address; City; State; Zip Code		
	Austin, TX 78729		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Teacher		AACNS	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/01/2023	Waelchli, Melissa	/	\$10.
	Contributor address; City; State; Zip Code		
	Austin, TX 78729	<u>.</u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Teacher		AACNS	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/01/2023			\$10.
	Contributor address; City; State; Zip Code		
	Austin, TX 78729		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	5)
Teacher	· · · · · · · · · · · · · · · · · · ·	AACNS	·/

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/25 Rpt: 25/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Access Educ	cation		00086185
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/01/2023	Waelchli, Melissa		\$10.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78729		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	3)
Teacher		AACNS	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/09/2023	Wohn, Caleb		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
-	tion Consultant	Fast Enterprises	<i>›)</i>
-		· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)
Date 02/09/2023	Full name of contributor out-of-state PAC (ID#: Wohn, Caleb)	Amount of Contribution (\$) \$2.50
0210312023	Contributor address; City; State; Zip Code		·
	Continution address, City, State, Zip Code		
	Austin, TX 78717		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Implementat	tion Consultant	Fast Enterprises	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/09/2023	Wohn, Caleb		\$2.50
	Contributor address; City; State; Zip Code		1
Drizzinal apou	Austin, TX 78717		
-	ipation / Job title (See Instructions) tion Consultant	Employer (See Instructions Fast Enterprises	;)
-		<u> </u>	
Date 04/09/2023	Full name of contributor out-of-state PAC (ID#: Wohn, Caleb)	Amount of Contribution (\$) \$2.50
04/03/2023			ψ2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
-	tion Consultant	Fast Enterprises	
		<u> </u>	

The Instruction Guide ex	xplains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/25 Rpt: 26/46	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Access Education			00086185	
4 Date 5 Full name of c	contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
05/09/2023 Wohn, Calel	b			\$2.50
6 Contributor ac	ddress; City; State; Zip Code			
Austin, TX 7				
8 Principal occupation / Job title (S	See Instructions)	9 Employer (See Instructions	3)	
Implementation Consultant		Fast Enterprises	1	
Date Full name of c		#:)	Amount of Contribution (\$)	
06/09/2023 Wohn, Calel				\$2.50
Contributor ac	Contributor address; City; State; Zip Code			
Austin, TX 7	/8717			
Principal occupation / Job title (S		Employer (See Instructions	<u> </u>	
Implementation Consultant		Fast Enterprises	<i>''</i>	
Date Full name of c	contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
01/12/2023 York, Rosa		#/		\$10.00
	ddress; City; State; Zip Code			T-
	, , , , , , , , , , , , , , , , , , ,			
Austin, TX 7	'8750			
Principal occupation / Job title (S	See Instructions)	Employer (See Instructions	3)	
Preschool Science Teacher		Bethany Preschool		
Date Full name of c	contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
02/12/2023 York, Rosa				\$10.00
Contributor ac	ddress; City; State; Zip Code			
Austin, TX 7	10750			
Principal occupation / Job title (S		Employer (See Instructions	<u>)</u>	
Preschool Science Teacher		Bethany Preschool	<i>)</i>	
Date Full name of c	contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
03/12/2023 York, Rosa		# <i>ι</i>		\$10.00
······	ddress; City; State; Zip Code			~=.
	uroo, ory, orato, <u></u> p couc			
Austin, TX 7	'8750			
Principal occupation / Job title (S	See Instructions)	Employer (See Instructions	3)	
Preschool Science Teacher		Bethany Preschool		

	The Instru	ction Guide explains how to complete th	nis form.		Total pages Schedule A1: Sch: 24/25 Rpt: 27/46	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Access Educ	cation			00086185	
4	Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	04/12/2023	York, Rosa				\$10.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78750				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Preschool S	cience Teacher	Bethany Preschool			
	Date		(ID#:)]	Amount of Contribution (\$)	—
	05/12/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78750				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		cience Teacher	Bethany Preschool	5)		
				—	Amount of Contribution (ft)	
	Date 01/02/2023	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	\$25.00
	01/02/2023	compton, dorothy a				ΦΖΟ. ΟΟ
		Contributor address; City; State; Zip Code				
		takoma park, MD 20913				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		s)			
	artist		self			
	Date	Full name of contributor out-of-state PAC ((ID#:)	Τ	Amount of Contribution (\$)	
	02/02/2023	compton, dorothy a				\$25.00
		Contributor address; City; State; Zip Code				
		takoma park, MD 20913	i			
	Principal occupation / Job title (See Instructions) Employer (See Instruction		s)			
	artist		<u> </u>			
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	03/02/2023	compton, dorothy a				\$25.00
		Contributor address; City; State; Zip Code				
	takoma park, MD 20913					
	Drincinal occu		Employer (See Instructions	<u> </u>		
		self	5)			

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

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/18 Rpt: 29/46	Access Education 00086185
4 Date	5 Payee name
01/01/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$5.34	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/15/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$3.09	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8	3(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		ttal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/18 Rpt: 30/46	Access Education	00086185
4 Date	5 Payee name	•
01/22/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5.75	P.O. Box 441146	
Expenditure from corporate funds	Somerville, MA 02144-0031	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Det	scription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	I L	yment processing platform fee
		,
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/29/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.77	P.O. Box 441146	
Expenditure from corporate funds	Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense yment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
02/05/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.39	P.O. Box 441146	
Expenditure from corporate funds	Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense yment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/18 Rpt: 31/46	Access Education 00086185
4 Date 02/12/2023	5 Payee name ActBlue
6 Amount (\$) \$5.85	7 Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/19/2023	ActBlue
Amount (\$) \$6.94	Payee address; City; State; Zip Code P.O. Box 441146
corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date 02/26/2023	Payee name ActBlue
Amount (\$) \$4.17	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/18 Rpt: 32/46	Access Education 00086185
4 Date 03/05/2023	5 Payee name ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.39	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/12/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$5.85	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/19/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$6.94	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/18 Rpt: 33/46	Access Education 00086185
4 Date 03/26/2023	5 Payee name ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.17	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/09/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.90	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitf/Awards/Memorials Expense Printing Expense Travel Out O District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/18 Rpt: 34/46	Access Education 00086185
4 Date 04/16/2023	5 Payee name ActBlue
6 Amount (\$) \$2.39	7 Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/23/2023	ActBlue
Amount (\$) \$6.15	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 04/30/2023	Payee name ActBlue
Amount (\$) \$3.37	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/18 Rpt: 35/46	Access Education 00086185
4 Date 05/07/2023	5 Payee name ActBlue
6 Amount (\$) \$1.39	7 Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/14/2023	ActBlue
Amount (\$) \$1.90	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/21/2023	Payee name ActBlue
Amount (\$) \$6.74	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	
Sch: 8/18 Rpt: 36/46	Access Education 00086185
4 Date 05/28/2023	5 Payee name ActBlue
6 Amount (\$) \$1.99	7 Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/11/2023	ActBlue
Amount (\$) \$3.87	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/18 Rpt: 37/46	Access Education 00086185
4 Date 06/18/2023	5 Payee name ActBlue
6 Amount (\$) \$7.34	7 Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/25/2023	ActBlue
Amount (\$) \$0.80	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 06/30/2023	Payee name ActBlue
Amount (\$) \$3.17	Payee address; City; State; Zip Code P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment processing platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/18 Rpt: 38/46	Access Education 00086185
4 Date	5 Payee name
05/23/2023	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.69	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Community outreach
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/25/2023	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$21.87	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Community outreach
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/12/2023	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$34.98	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Community outreach
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	0

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/18 Rpt: 39/46	Access Education 00086185
4 Date 01/01/2023	5 Payee name Google
6 Amount (\$) \$57.56	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google work suite
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$57.56	1600 Amphitheatre Pkwy.
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google work suite
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$62.59	1600 Amphitheatre Pkwy.
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google work suite
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/18 Rpt: 40/46	Access Education 00086185
4 Date	5 Payee name
04/01/2023	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$63.96	1600 Amphitheatre Pkwy.
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google work suite
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$63.96	1600 Amphitheatre Pkwy.
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google work suite
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$63.96	1600 Amphitheatre Pkwy.
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google work suite
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation: Candidate/Officehold Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Made By - Git/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedu	le F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/18 Rpt: 4	
4 Date 03/07/2023	5 Payee name Mailchimp
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4	2.11 675 Ponce de Leon Ave NE
	Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform
9 Complete <u>ONLY</u> if a expenditure to bene	
Date	Payee name
04/07/2023	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$	2.11 675 Ponce de Leon Ave NE
	Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform
Complete <u>ONLY</u> if a expenditure to bene	
Date	Payee name
05/08/2023	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
	2.11 675 Ponce de Leon Ave NE
ψ	
Expenditure from	Suite 5000
corporate funds	Atlanta, GA 30308
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform
Complete <u>ONLY</u> if of expenditure to bene	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel in I By - Gift/Awards/Memorials Expense Printing Expense Travel Ou	n/Fundraising Expense ation Equipment & Related Expense District t of District enter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 14/18 Rpt: 42/46		185
4 Date 06/08/2023	5 Payee name Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$42.11		
	Suite 5000	
Expenditure from corporate funds	Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas Check if Austin, TX, officeholde Communication platform	er living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ce held
Date	Payee name	
01/02/2023	Slack	
Amount (\$)	Payee address; City; State; Zip Code	
\$122.26	500 Howard St	
Expenditure from corporate funds	San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if Austin, TX, officeholde Communication platform	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	5	ce held
Date	Payee name	
02/02/2023	Slack	
Amount (\$)	Payee address; City; State; Zip Code	
\$132.17		
Expenditure from corporate funds	San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if Austin, TX, officeholde Communication platform	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	5	ce held

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 15/18 Rpt: 43/46	Access Education 00086185				
4 Date 03/02/2023	5 Payee name Slack				
6 Amount (\$) \$190.98	7 Payee address; City; State; Zip Code 500 Howard St				
Expenditure from corporate funds	San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/01/2023	Slack				
Amount (\$) \$88.34	Payee address; City; State; Zip Code 500 Howard St				
Expenditure from corporate funds	San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held				
Date	Payee name				
05/01/2023	Slack				
Amount (\$) \$150.39	Payee address; City; State; Zip Code 500 Howard St				
Expenditure from corporate funds	San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 16/18 Rpt: 44/46	Access Education 00086185						
4 Date 06/02/2023	5 Payee name Slack						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$102.24	500 Howard St						
Expenditure from corporate funds	San Francisco, CA 94105						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication platform 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
01/24/2023	Wordpress						
Amount (\$)	Payee address; City; State; Zip Code						
\$35.72	60 29th St #343						
Expenditure from corporate funds	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website charges 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
02/24/2023	Wordpress						
Amount (\$)	Payee address; City; State; Zip Code						
\$35.18	60 29th St #343						
Expenditure from corporate funds	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website charges 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 17/18 Rpt: 45/46	Access Education 00086185					
4 Date 03/24/2023	5 Payee name Wordpress					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$35.18						
Expenditure from corporate funds	San Francisco, CA 94110-4929					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website charges 					
9 Complete <u>ONLY</u> if direct C/OH Candidate/Officeholder name Office sought Office held						
Date	Payee name					
04/24/2023	Wordpress					
Amount (\$)	Payee address; City; State; Zip Code					
\$35.18						
Expenditure from corporate funds	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website charges 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
Date	Payee name					
05/24/2023	Wordpress					
Amount (\$)	Payee address; City; State; Zip Code					
\$35.18	60 29th St #343					
Expenditure from corporate funds	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website charges 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					

POLITICAL EXI	PENDITURES FROM POLITIC	AL	SCHEDULE F1				
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Sch: 18/18 Rpt: 46/46	Access Education		00086185				
4 Date 06/24/2023	5 Payee name Wordpress						
6 Amount (\$) \$35.18	 Payee address; City; State; Zip 60 29th St #343 	Code					
corporate funds	San Francisco, CA 94110-4929						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. h, TX, officeholder living expense "GeS				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ought	Office held				
Date 06/02/2023	Payee name Zoom						
Amount (\$) \$159.80	Payee address; City; State; Zip 55 Almaden Blvd 6th Fl	Code					
Expenditure from corporate funds	San Jose, CA 95113						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. h, TX, officeholder living expense ions tool				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought	Office held				