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) 00080099		2 Total pages filed: 75	
3	COMMITTEE NAME					OFFICE USE ONLY	
	Texans for Vaccin	e Choice PAC				Date Received ELECTRONICALLY FILED 07/15/2023	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE;	ZIP CODE		
	ADDRESS	1321 W Randol Mill Rd				Date Hand-delivered or Date Postmarked	
	Change of Address	Suite 2006					
		Arlington, TX 76012				Receipt # Amount	
						Date Processed	
						Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI	
	NAME	Ms. Jackie					
		NICKNAME LAST				SUFFIX	
		Schlegel					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #	#; CITY;	STATE; ZIP CODE	
	TREASURER STREET ADDRESS	1321 W. Randol Mill Rd. Ste. 2006					
	(Residence or Business)	Arlington, TX 76012					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE	#; CITY	STATE; ZIP CODE	
	TREASURER MAILING ADDRESS	1321 W. Randol Mill Rdd. Ste. 2006					
	Change of Address	Arlington, TX 76012					
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 876-1645	EXTE	ENSION			
9	REPORT TYPE	January 15 3	0th da	y before election		Dissolution (Attach PAC-DR)	
		8 🗆 🗧	th day	before election	Г	10th day after campaign treasurer	
		X July 15	Runoff			termination	
10	PERIOD COVERED	Month Day Year 01/01/2023 T	HRO	Moi UGH	nth Day 06/30/2023	Year 3	
11	ELECTION		D /		ION TYPE		
			Primaı Gener			Other	
	GO TO PAGE 2						
Foi	rms provided by Te	xas Ethics Commission www.e	thics	.state.tx.us		Version V3.5.1.a18ea2ca	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texans for Vaccine Choice PAC 0008						
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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,755.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,780.01		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	29,342.26		
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 inforr under Title 15, Election Code.				
		MS. JACKI Signature of Car	e Schlegel	Irer		
		Signature of Ca	npaign medst			
AFFIX NOTARY	STAMP / SEAL ABOVE					
		, tł	nis the	day		
of	of, 20, to certify which, witness my hand and seal of office.					
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca		

FORM GPAC COVER SHEET PG 3

3 of 75

17 COMMITTE	(Ethics Commission Filers)		
Texans fo			
19 SCHEDULI	SUBTOTAL AMOUNT		
NAME OF :			
1. X	\$ 4,755.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	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.	\$		
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 6,780.01
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 CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - GPAC

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/66 Rpt: 4/75
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC	00080099
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/27/2023 Askew, Michael	\$10.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75209	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	-
Sr Business Analyst Travel Industry-Southlak	(e TX
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/27/2023 Askew, Michael	\$10.00
Contributor address; City; State; Zip Code	
Dallas, TX 75209	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	-
Sr Business Analyst Travel Industry-Southlak	(e TX
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/27/2023 Askew, Michael	\$10.00
Contributor address; City; State; Zip Code	
Dallas, TX 75209	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	,
Sr Business Analyst Travel Industry-Southlak	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2023 Askew, Michael	\$10.00
Contributor address; City; State; Zip Code	
Dallas, TX 75209	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr Business Analyst Travel Industry-Southlak	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/27/2023 Askew, Michael	\$10.00
Contributor address; City; State; Zip Code	
Dallas, TX 75209	
Dringingl occupation / Job title (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr Business Analyst Travel Industry-Southlak	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/66 Rpt: 5/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	accine Choice PAC		00080099
4 Date 06/27/2023	 5 Full name of contributor out-of-state PAC (ID#: Askew, Michael 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$10.00
	Dallas, TX 75209		
8 Principal occu Sr Business	pation / Job title (See Instructions) Analyst	9 Employer (See Instructions Travel Industry-Southlak	
Date)	Amount of Contribution (\$)
01/07/2023	Ayala, Casey	/	\$5.00
	Tomball, TX 77377		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
SAHM		SAHM	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/07/2023	Ayala, Casey		\$5.00
Principal occu	Tomball, TX 77377 Ipation / Job title (See Instructions)	Employer (See Instructions	5)
SAHM		SAHM	
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: Ayala, Casey Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5.00
Principal occu	Tomball, TX 77377	Employer (See Instructions	
SAHM	pation / Job title (See Instructions)	Employer (See Instructions SAHM	.)
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#:_ Ayala, Casey Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5.00
	Tomball, TX 77377		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
SAHM		SAHM	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/66 Rpt: 6/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/07/2023	Ayala, Casey		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Tomball, TX 77377		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
SAHM		SAHM	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/07/2023			\$5.00
	Contributor address; City; State; Zip Code		
	Tomball, TX 77377		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
SAHM		SAHM	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/28/2023	Full name of contributor out-of-state PAC (ID#: Beck, Jocelyn)	\$10.00
01/20/2020			
	Continuation address, Ory, State, 219 Source		
	Azle, TX 76020		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Bartend		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/28/2023	Beck, Jocelyn		\$10.00
	Contributor address; City; State; Zip Code		1
Deiresinal assu	Azle, TX 76020		<u> </u>
Principal occu Bartend	ipation / Job title (See Instructions)	Employer (See Instructions Self	3)
Date 03/28/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0312812023	Beck, Jocelyn		\$10.00
	Contributor address; City; State; Zip Code		
	Azle, TX 76020		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Bartend		Self	,

Th	ne Instru	ction Guide explains how t	to complete this f	form		1	Total pages Schedule A1: Sch: 4/66 Rpt: 7/75	
2 FIL	LER NAME					3	Filer ID (Ethics Commission	Filers)
		accine Choice PAC					00080099	
4 Da	ite	5 Full name of contributor	out-of-state PAC (ID#:_	:)	7	Amount of Contribution (\$)	
04	/28/2023	Beck, Jocelyn						\$10.00
		6 Contributor address; City; Stat	te; Zip Code					
		Azle, TX 76020						
		pation / Job title (See Instructions)			Employer (See Instructions)		
Ba	artend				Self			
Da	ite	Full name of contributor	out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
05	5/28/2023	Beck, Jocelyn	_					\$10.00
		Contributor address; City; Stat						
		-	· ·					
		Azle, TX 76020						
Pri	incipal occu	pation / Job title (See Instructions)		E	Employer (See Instructions)		
Ba	artend			5	Self			
Da	ate	Full name of contributor	out-of-state PAC (ID#:	-)		Amount of Contribution (\$)	
	6/28/2023	Beck, Jocelyn			,			\$10.00
-			te [.] Zin Code					· - · ·
		Contributor address, Sity, Site	.с, др Сойс					
		Azle, TX 76020						
Pri	incipal occu	pation / Job title (See Instructions)	i	E	Employer (See Instructions)		
	artend		l		Self			
Da	ate	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	/16/2023	Blubaugh, Maria					Allount of Contribution (4)	\$10.00
-	110/2020		te: Zin Code					Ψ±0.00
		Contributor address; City; Stat	e; Zip Coue					
		Spring, TX 77386						
Pri	incinal occu	pation / Job title (See Instructions)		T F	Employer (See Instructions	<u> </u> ו		
	ax Account				HCG)		
Da		Full name of contributor	out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	±10.00
UZ	2/16/2023	Blubaugh, Maria						\$10.00
		Contributor address; City; Stat	ie; Zip Code					
		Chrine TV 77206						
		Spring, TX 77386		.				
		pation / Job title (See Instructions)			Employer (See Instructions)		
Ia	ax Account	ant			HCG			

	The Instru	ction Guide explains how to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 5/66 Rpt: 8/75	
2	P FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/16/2023	Blubaugh, Maria				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Coring TV 77206				
R	Princinal occu	Spring, TX 77386 upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
0	Tax Account		HCG	5)		
⊨				1	Amount of Contribution (\$)	
	Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: Blubaugh, Maria)		Amount of Contribution (\$)	\$10.00
	04/10/2023	-				ΦΤΟ'ΟΟ
		Contributor address; City; State; Zip Code				
		Spring, TX 77386				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Tax Account		HCG	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Τ	Amount of Contribution (\$)	
	05/16/2023	Blubaugh, Maria	/		Allount of Contribution (*)	\$10.00
	00,20,222	Contributor address; City; State; Zip Code		•		T-
		Spring, TX 77386				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Tax Account	tant	HCG			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/16/2023	Blubaugh, Maria				\$10.00
		Contributor address; City; State; Zip Code		1		
		Spring, TX 77386				
	-	upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Tax Account	:ant	HCG	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/10/2023	Brookshire, Gay]		\$25.00
		Contributor address; City; State; Zip Code				
		T. Jos TV 75709				
	Dringing ogg	Tyler, TX 75703		->		
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
	Reureu		Reureu			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/66 Rpt: 9/75
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		/accine Choice PAC		00080099
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	02/10/2023	Brookshire, Gay		\$25.00
	I	6 Contributor address; City; State; Zip Code		···
		1		
		1		
		Tyler, TX 75703		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	is)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/10/2023	Brookshire, Gay		\$25.00
	I	Contributor address; City; State; Zip Code		
		1		
		Tyler, TX 75703		
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 1S)
	Retired		Retired	
╞				Amount of Contribution (\$)
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	04/10/2023	Brookshire, Gay		\$25.00
		Contributor address; City; State; Zip Code		
		1		
		T. Joy TV 75702		
		Tyler, TX 75703		<u> </u>
		upation / Job title (See Instructions)	Employer (See Instructions	IS)
	Retired		Retired	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/10/2023	Brookshire, Gay		\$25.00
	I	Contributor address; City; State; Zip Code		···
		1		
		1		
		Tyler, TX 75703		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	is)
	Retired	,	Retired	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/10/2023	Brookshire, Gay		\$25.00
		Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		1		
		Tyler, TX 75703		
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Retired		Retired	15)
	Reliteu		Relieu	

Th	ne Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 7/66 Rpt: 10/75	
2 FIL	ER NAME			_	Filer ID (Ethics Commission	ı Filers)
		/accine Choice PAC			00080099	11 110.07
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01/	/06/2023	Burns, Dan				\$10.00
		6 Contributor address; City; State; Zip Code		"		
		Dallas, TX 75219				
8 Prir	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
reti	tired		retired			
Dat	te	Full name of contributor out-of-state PAC (ID#:	· :)	Τ	Amount of Contribution (\$)	
02/	/06/2023	Burns, Dan				\$10.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
reti	tired		retired			
Dat	te	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
03/	/06/2023	Burns, Dan				\$10.00
		Contributor address; City; State; Zip Code		·		
		Dallas, TX 75219				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
reti	tired		retired			
Dat	te	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	/06/2023	Burns, Dan			· · · · · · · · · · · · · · · · · · ·	\$10.00
-		Contributor address; City; State; Zip Code				*=
		Contributor address, Ory, State, Zip Code				
		Dallas, TX 75219				
Prir	ncipal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	 .s)		
reti	tired		retired			
Dat	te	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	/06/2023	Burns, Dan			· · · · · · · · · · · · · · · · · · ·	\$10.00
		Contributor address; City; State; Zip Code		·		·
		Dallas, TX 75219				
Prir	ncipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	L is)		
	tired	,	retired	-,		

	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/66 Rpt: 11/75	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Accine Choice PAC				00080099	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/06/2023	Burns, Dan					\$10.00
		6 Contributor address; City; S			1		
		Dallas, TX 75219					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u> s)		
-	retired			retired	-,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/04/2023	Chirayil, Anjali					\$10.00
		Contributor address; City; S			1		
			,				
		Sugar Land, TX 77479					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/04/2023	Chirayil, Anjali					\$10.00
		Contributor address; City; S			1		
	7 1 1 1 4 4 4 4	Sugar Land, TX 77479			Ĺ		
	•	upation / Job title (See Instructions	S)	Employer (See Instructions Retired	5)		
	Retired	1			-		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷10.00
	03/04/2023						\$10.00
		Contributor address; City; S	tate; Zip Code				
		Sugar Land, TX 77479					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/04/2023	Chirayil, Anjali					\$10.00
		Contributor address; City; S	State; Zip Code		1		
		Sugar Land, TX 77479					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Retired			Retired			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 9/66 Rpt: 12/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Vaccine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/04/2023			\$10.00
	6 Contributor address; City; State; Zip Code		1
- · · ·	Sugar Land, TX 77479		
	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)
Retired	·	Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/04/2023			\$10.00
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77479		Į
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired	·	Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/02/2023			\$5.00
	Contributor address; City; State; Zip Code		
	DALTINODE NO 21200		
Dringingloog	BALTIMORE, MD 21209		
Not Sharing	upation / Job title (See Instructions)	Employer (See Instructions Not Sharing	3)
Date)	Amount of Contribution (\$)
02/02/2023			\$5.00
	Contributor address; City; State; Zip Code		
	BALTIMORE, MD 21209		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Not Sharing		Not Sharing	<i>"</i>
			Amount of Contribution (\$)
Date 03/02/2023)	Amount of Contribution (\$) \$5.00
03/02/2023			
	Contributor address; City; State; Zip Code		
	BALTIMORE, MD 21209		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Not Sharing		Not Sharing	<i>"</i>

The Instruction Guide explains how to co	mplete this form. 1 Total pages Schedule A1: Sch: 10/66 Rpt: 13/75
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC	00080099
4 Date 5 Full name of contributor out	of-state PAC (ID#:) 7 Amount of Contribution (\$)
04/02/2023 Cockey, Cathy	\$5.00
6 Contributor address; City; State; Zip	Code
BALTIMORE, MD 21209	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Not Sharing	Not Sharing
Date Full name of contributor out	of-state PAC (ID#:) Amount of Contribution (\$)
05/02/2023 Cockey, Cathy	\$5.00
Contributor address; City; State; Zi	
BALTIMORE, MD 21209	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Sharing	Not Sharing
Date Full name of contributor out	of-state PAC (ID#:) Amount of Contribution (\$)
06/02/2023 Cockey, Cathy	\$5.00
Contributor address; City; State; Zi	Code
BALTIMORE, MD 21209	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Sharing	Not Sharing
	of-state PAC (ID#:) Amount of Contribution (\$)
01/09/2023 Comorote, James	\$25.00
Contributor address; City; State; Zig	Code
San Antonio, TX 78258	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Telecom	Security Service Federal Credit Union
	of-state PAC (ID#:) Amount of Contribution (\$)
02/09/2023 Comorote, James	\$25.00
Contributor address; City; State; Zi	Code
San Antonio, TX 78258	
Principal occupation / Job title (See Instructions)	
I	Employer (See Instructions)
Telecom	Employer (See Instructions) Security Service Federal Credit Union

The Instruc	ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 11/66 Rpt: 14/75	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Texans for V	accine Choice PAC		00080099	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
03/09/2023	Comorote, James			\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions		
Telecom		Security Service Federa	al Credit Union	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
04/09/2023	Comorote, James			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Telecom		Security Service Federa	al Credit Union	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
05/09/2023	Comorote, James	······		\$25.00
	Contributor address; City; State; Zip Code	,		
	San Antonio, TX 78258			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Telecom		Security Service Federa	al Credit Union	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
06/09/2023	Comorote, James	···	· · ·	\$25.00
	Contributor address; City; State; Zip Code	,		
	San Antonio, TX 78258			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Telecom		Security Service Federa	al Credit Union	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
01/15/2023	Conner, Deleise	,. <u> </u>		\$2.00
	Contributor address; City; State; Zip Code			Ŧ
	Tulsa, OK 74105			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
retired		retired		
		100.01		

The Inst	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/66 Rpt: 15/75
2 FILER NA	MF		3 Filer ID (Ethics Commission Filers)
	pr Vaccine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
02/15/202			\$2.00
	6 Contributor address; City; State; Zip Code		
E Et dante	Tulsa, OK 74105		<u> </u>
8 Principal or retired	ccupation / Job title (See Instructions)	9 Employer (See Instructions retired	5)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
03/15/202			\$2.00
	Contributor address; City; State; Zip Code		
	Tulsa, OK 74105		
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	s)
retired	• • •	retired	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
04/15/202		·,	\$2.00
	Tulsa, OK 74105		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/15/202	·		\$2.00
	Contributor address; City; State; Zip Code		
	Tulsa, OK 74105		
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
06/15/202	— — —		\$2.00
	Contributor address; City; State; Zip Code		
	Tulsa, OK 74105		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/66 Rpt: 16/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/02/2023	Davis, Caroline		\$15.0
	6 Contributor address; City; State; Zip Code		1
- · · ·	Round Rock, TX 78681	1 /2	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Not Sharing		Not Sharing	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/02/2023			\$15.0
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78681		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Not Sharing		Not Sharing	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
03/02/2023	Full name of contributor out-of-state PAC (ID#: Davis, Caroline)	\$15.0
00/02/2020	Contributor address; City; State; Zip Code		
	CUltinutur address, City, State, Lip Code		
	Round Rock, TX 78681		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Not Sharing		Not Sharing	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/02/2023	Davis, Caroline		\$15.0
	Contributor address; City; State; Zip Code		1
	Round Rock, TX 78681	1	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Not Sharing		Not Sharing	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/02/2023	Davis, Caroline		\$15.0
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78681		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Not Sharing		Not Sharing	3)
Not Sharing		Not Sharing	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/66 Rpt: 17/75	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	accine Choice PAC		00080099	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/02/2023	Davis, Caroline		\$	15.00
	6 Contributor address; City; State; Zip Code		1	
	Round Rock, TX 78681			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Not Sharing		Not Sharing		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/22/2023	Dyer, Karin			10.00
			4	
	Austin, TX 78703			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> د)	
Legislative Di		Texas House of Repres	,	
-				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	10.00
02/22/2023			- -	10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703	1	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions		
Legislative Di	irector	Texas House of Repres	entatives	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/22/2023	Dyer, Karin		\$2	10.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78703			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Legislative Di	irector	Texas House of Repres	sentatives	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/22/2023	Dyer, Karin			10.00
	Contributor address; City; State; Zip Code		4	
	Austin, TX 78703			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>	
Legislative Di		Texas House of Repres		
Ecgiolative 2				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/66 Rpt: 18/75	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	/accine Choice PAC		00080099	10.0,
4 Date 05/22/2023	5 Full name of contributor out-of-state PAC (ID#: Dyer, Karin		7 Amount of Contribution (\$)	\$10.00
	Austin, TX 78703			
8 Principal occu Legislative D	upation / Job title (See Instructions) Director	9 Employer (See Instructions) Texas House of Represe		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/22/2023	Dyer, Karin			\$10.00
				-
Drippingl oog		Employer (See Instructions)	<u> </u>	
Legislative E	upation / Job title (See Instructions)	Texas House of Represe	,	
_		· · · · · ·		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷ · > • •
01/23/2023	Egan, Amy Contributor address; City; State; Zip Code			\$18.00
	Allen, TX 75013			
Principal occu Life Coach	upation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/23/2023	Egan, Amy			\$18.00
	Contributor address; City; State; Zip Code			
	Allen, TX 75013			
Principal occu Life Coach	upation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: Egan, Amy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$18.00
	Allen, TX 75013			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Life Coach		Self		

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/66 Rpt: 19/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date 04/23/2023	5 Full name of contributor out-of-state PAC (ID#:_ Egan, Amy 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$18.0
	Allen, TX 75013		
8 Principal occu Life Coach	upation / Job title (See Instructions)	9 Employer (See Instructions Self)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/23/2023	Egan, Amy Contributor address; City; State; Zip Code		\$18.0
Principal agai	Allen, TX 75013		
	upation / Job title (See Instructions)	Employer (See Instructions)
Life Coach		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/23/2023	Egan, Amy Contributor address; City; State; Zip Code		\$18.0
	Allen, TX 75013		
Principal occu Life Coach	upation / Job title (See Instructions)	Employer (See Instructions Self)
Date 01/15/2023	Full name of contributorout-of-state PAC (ID#: Ellington, Alison)	Amount of Contribution (\$) \$10.0
	Contributor address; City; State; Zip Code		
	Selma, TX 78154		
Principal occu Homemaker	upation / Job title (See Instructions) r	Employer (See Instructions Sahm	
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#:_ Ellington, Alison Outributor address; City; State; Zip Code Outributor Outributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.0
	Selma, TX 78154		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Homemaker	·	Sahm	

	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/66 Rpt: 20/75	
2	FILER NAME				3	Filer ID (Ethics Commission	I Filers)
		accine Choice PAC				00080099	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2023	Ellington, Alison					\$10.00
		6 Contributor address; City; State; Z	Zip Code				
		Colmo TV 70151					
g	Principal occu	Selma, TX 78154 Ipation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
°	Homemaker			Sahm)		
					<u> </u>		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	04/22/2023						\$10.00
		Contributor address; City; State; Z	Zip Code				
		Selma, TX 78154					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Homemaker			Sahm	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2023	Ellington, Alison		/		, undern de Gonnellen (.,	\$10.00
			Zip Code				
		Selma, TX 78154					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Homemaker			Sahm			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2023	Ellington, Alison					\$10.00
		Contributor address; City; State; Z					
		Selma, TX 78154					
_	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ار</u>		
	Homemaker			Sahm	<i>.</i> ,		
╞					<u> </u>	Amount of Contribution (\$)	
	Date 01/08/2023	Eubanks, Aneta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	01/00/2020	Contributor address; City; State; Z	Zin Codo				Ψ0.00
		Continuation address, City, State, 2	zip Code				
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Escrow asst			Tct			
			1				

	The Instru	ction Guide explains how to complete thi	s form.		Total pages Schedule A1: Sch: 18/66 Rpt: 21/75	
2	FILER NAME			_	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor Out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	02/08/2023	Eubanks, Aneta				\$5.00
		6 Contributor address; City; State; Zip Code	······	1		
Ļ		McGregor, TX 76657		Ĺ		
8	Principal occu Escrow asst.	upation / Job title (See Instructions)	9 Employer (See Instructions Tct	S)		
						
	Date	—	D#:)		Amount of Contribution (\$)	* F 00
	03/08/2023					\$5.00
		Contributor address; City; State; Zip Code				
		McGregor, TX 76657				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Escrow asst		Tct	-,		
	Date	Full name of contributor out-of-state PAC (II		T	Amount of Contribution (\$)	
	04/08/2023	Eubanks, Aneta	J#,		Allount of Contribution (+)	\$5.00
	•			·		T ' '
		McGregor, TX 76657				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Escrow asst		Tct			
	Date	Full name of contributor out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	05/08/2023	Eubanks, Aneta				\$5.00
		Contributor address; City; State; Zip Code	·····	1		
		Necrose TV 76657				
	Dringing occ	McGregor, TX 76657	Employer (Soo Instruction)			
	Escrow asst.	upation / Job title (See Instructions)	Employer (See Instructions Tct	5)		
╞				—	· · · · · · · · · · · · · · · · · · ·	
	Date 06/08/2023	Full name of contributor out-of-state PAC (II Eubanks, Aneta	D#:)		Amount of Contribution (\$)	\$5.00
	00/00/2023					Φ0.00
		Contributor address; City; State; Zip Code				
		McGregor, TX 76657				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Escrow asst.		Tct			
⊢						

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The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 19/66 Rpt: 22/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for $\$	Accine Choice PAC		00080099
4 Date	5 Full name of contributor Out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
01/06/2023	Farmer, Stella		\$30.0
	6 Contributor address; City; State; Zip Code		1
	McKinney, TX 75071		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
02/06/2023	Farmer, Stella		\$30.0
	Contributor address; City; State; Zip Code		1
	McKinney, TX 75071		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
03/06/2023	Farmer, Stella		\$30.0
	Contributor address; City; State; Zip Code		
	McKinney, TX 75071		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
04/06/2023	Farmer, Stella		\$30.0
	Contributor address; City; State; Zip Code		1
	McKinney, TX 75071	i	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of Contribution (\$)
01/04/2023	Flahive, David		\$25.0
	Contributor address; City; State; Zip Code		1
	Bastrop, TX 78602		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	

The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A1: Sch: 20/66 Rpt: 23/75
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC	00080099
4 Date 5 Full name of contributor out-of-state PA	AC (ID#:) 7 Amount of Contribution (\$)
02/04/2023 Flahive, David	\$25.00
6 Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	Retired
Date Full name of contributor out-of-state PA	AC (ID#:) Amount of Contribution (\$)
03/04/2023 Flahive, David	\$25.00
Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired
Date Full name of contributor out-of-state PA	AC (ID#:) Amount of Contribution (\$)
04/04/2023 Flahive, David	\$25.00
Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired
	AC (ID#:) Amount of Contribution (\$)
05/04/2023 Flahive, David	\$25.00
Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired
Date Full name of contributor out-of-state PA	
06/04/2023 Flahive, David	\$25.00
Contributor address; City; State; Zip Code	
Pastron TV 79602	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Reureu	

Tł	he Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/66 Rpt: 24/75	
2 FIL	LER NAME				3	Filer ID (Ethics Commission I	Filers)
		accine Choice PAC				00080099	· ····,
4 Da	ate	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01	1/25/2023	Flores, Anne					\$5.00
		6 Contributor address; City; State;	Zip Code		1		
	· · · ·	Cypress, TX 77429	r		Ĺ		
	rincipal occu AHM	pation / Job title (See Instructions)		9 Employer (See Instructions Husband	5)		
					-		
Da			out-of-state PAC (ID#:)		Amount of Contribution (\$)	* = 00
02	2/25/2023	Flores, Anne					\$5.00
		Contributor address; City; State;	Zip Code				
		Cypress, TX 77429					
Pri	rincinal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
	ани АНМ			Husband	<i>.</i> ,		
Da		Full name of contributor)	<u> </u>	Amount of Contribution (\$)	
	ale 3/25/2023	Flores, Anne	out-of-state PAC (ID#:)			\$5.00
00)/20/2020	Contributor address; City; State;	Zin Code				ψ0.00
		Continuation address, City, State,					
		Cypress, TX 77429					
Pri	incipal occu	n pation / Job title (See Instructions)		Employer (See Instructions	5)		
SA	AHM			Husband			
Da	ate	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04	4/25/2023	Flores, Anne					\$5.00
		Contributor address; City; State;	Zip Code		1		
		Cypress, TX 77429	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
SA	AHM			Husband			
Da			out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05	5/25/2023	Flores, Anne					\$5.00
		Contributor address; City; State;	Zip Code				
		Cypress, TX 77429					
Dri	ringinal occu		r	Employor (See Instructions	<u> </u>		
	ппсіраї осси АНМ	pation / Job title (See Instructions)		Employer (See Instructions Husband	5)		
,			I	Πασσατία			

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 22/66 Rpt: 25/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/25/2023	Flores, Anne		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Cypress, TX 77429	1	
-	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
SAHM		Husband	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/02/2023	Gamm, Nicole		\$2.00
	Contributor address; City; State; Zip Code		1
	Watauga, TX 76148	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Not Sharing		Not Sharing	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/26/2023	Gamm, Nicole		\$2.00
	Contributor address; City; State; Zip Code		1
	Watauga, TX 76148	1	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Childcare		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/02/2023	Gamm, Nicole		\$2.00
	Contributor address; City; State; Zip Code		
	Wotowas TV 76140		
Dringing occu	Watauga, TX 76148	Employer (See Instructions	
Not Sharing	ipation / Job title (See Instructions)	Not Sharing	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/26/2023	Gamm, Nicole		\$2.00
	Contributor address; City; State; Zip Code		
	Watauga, TX 76148		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Childcare		Self	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/66 Rpt: 26/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/02/2023	Gamm, Nicole		\$2.00
	6 Contributor address; City; State; Zip Code		
	Watauga, TX 76148		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Not Sharing		Not Sharing	"
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
03/26/2023	Full name of contributor out-of-state PAC (ID#: Gamm, Nicole)	Amount of Contribution (\$) \$2.00
03/20/2023			ψ2.00
	Contributor address; City; State; Zip Code		
	Watauga, TX 76148		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Childcare		Self	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/02/2023	Gamm, Nicole	/	\$2.00
0410212020			↓
	Contributor address; City; State; Zip Code		
	Watauga, TX 76148		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> کا
Not Sharing		Not Sharing	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/26/2023	Gamm, Nicole		\$2.00
	Contributor address; City; State; Zip Code		
	Watauga, TX 76148		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Childcare		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/02/2023	Gamm, Nicole		\$2.00
	Contributor address; City; State; Zip Code		•
	Watauga, TX 76148		
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Not Sharing		Not Sharing	
		.1	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 24/66 Rpt: 27/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor Out-of-state PAC (ID#	¢:)	7 Amount of Contribution (\$)
05/26/2023	Gamm, Nicole		\$2.0
	6 Contributor address; City; State; Zip Code		1
	Watauga, TX 76148		
	upation / Job title (See Instructions)	9 Employer (See Instructions	6)
Childcare		Self	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
06/02/2023	Gamm, Nicole		\$2.0
	Contributor address; City; State; Zip Code		1
	Watauga, TX 76148		
-	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Not Sharing		Not Sharing	
Date	Full name of contributor out-of-state PAC (ID#	+:)	Amount of Contribution (\$)
06/26/2023	Gamm, Nicole		\$2.0
	Contributor address; City; State; Zip Code		
	Watauga, TX 76148	-	
	upation / Job title (See Instructions)	Employer (See Instructions	6)
Childcare		Self	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/05/2023	Gonino, John		\$20.0
	Contributor address; City; State; Zip Code		1
	Rockwall, TX 75032		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Doctor		Self	
Date	Full name of contributor Out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
02/05/2023	Gonino, John		\$20.0
	Contributor address; City; State; Zip Code		1
	Rockwall, TX 75032		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Doctor		Self	

-							
	The Instru	ction Guide explains how to	o complete this fe	orm.	1	Total pages Schedule A1: Sch: 25/66 Rpt: 28/75	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
		accine Choice PAC				00080099	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/05/2023	Gonino, John					\$20.00
		6 Contributor address; City; State			1		
Ļ		Rockwall, TX 75032			Ĺ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Doctor			Self	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/05/2023						\$20.00
		Contributor address; City; State					
		Destavell TV 75022					
	Dringing oog	Rockwall, TX 75032		Employer (Coo Instructions			
		pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Doctor				-		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	±50.00
	05/05/2023	Gonino, John					\$20.00
		Contributor address; City; State	e; Zip Code				
		Rockwall, TX 75032					
┝	Principal occu	pation / Job title (See Instructions)	,	Employer (See Instructions	<u> </u>		
	Doctor			Self	,		
╞		Full name of contributor			Г	Amount of Contribution (\$)	
	Date 06/05/2023	Gonino, John	out-of-state PAC (ID#:)			\$20.00
	00/03/2023		o: Zin Codo				Φ20.00
		Contributor address; City; State	3; Zip Code				
		Rockwall, TX 75032					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Doctor	, , , , , , , , , , , , , , , , , , ,		Self	-,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/20/2023	Greene, Stacie		/			\$15.00
	01/20/2020		o: Zin Codo		-		Ψ10.00
		Contributor address; City; State	3, Zip Coue				
		San Antonio, TX 78266					
⊢	Principal occu	I pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> 5)		
	Engineer			Aerodyne Industries	,		
⊢			I				

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	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 26/66 Rpt: 29/75	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		accine Choice PAC				00080099	,
4	Date	5 Full name of contributor out	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/20/2023	Greene, Stacie					\$15.00
		6 Contributor address; City; State; Zip			1		
		Con Antonio TV 70266					
8	Drincinal occi	San Antonio, TX 78266 Ipation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
ð	Engineer	pation / Job title (See instructions)		Aerodyne Industries	5)		
	_				1	1	
	Date		it-of-state PAC (ID#:)		Amount of Contribution (\$)	¢15 00
	03/20/2023	Greene, Stacie					\$15.00
		Contributor address; City; State; Zip	p Code				
		San Antonio, TX 78266					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	Engineer			Aerodyne Industries			
╞	Date	Full name of contributor	ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/20/2023	Greene, Stacie				· · · · · · · · · · · · · · · · · · ·	\$15.00
		Contributor address; City; State; Zip	p Code		1		
		San Antonio, TX 78266					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Engineer			Aerodyne Industries			
	Date		ut-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	05/20/2023	Greene, Stacie					\$15.00
		Contributor address; City; State; Zip	p Code				
		San Antonio, TX 78266					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> د)		
	Engineer			Aerodyne Industries	,		
⊢	Date	Full name of contributor	ut-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	06/20/2023	Greene, Stacie		/			\$15.00
	00/20/2121	Contributor address; City; State; Zig	in Code		ł		*=· ···
			p coue				
		San Antonio, TX 78266					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Engineer			Aerodyne Industries			
							l

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/66 Rpt: 30/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	<u> </u>
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/09/2023	Griffis, Alisa				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Murchison, TX 75778				
8		upation / Job title (See Instructions)	9 Employer (See Instruction	ıs)		
	Professor		NOYB			
	Date	Full name of contributor out-of-state PAC (ID#:	· :)	Τ	Amount of Contribution (\$)	
	02/09/2023	Griffis, Alisa				\$25.00
		Contributor address; City; State; Zip Code				
		Murchison, TX 75778				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Professor		NOYB			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	03/09/2023	Griffis, Alisa				\$25.00
		Contributor address; City; State; Zip Code				
		Murchison, TX 75778				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Professor		NOYB			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/09/2023	Griffis, Alisa				\$25.00
		Contributor address; City; State; Zip Code				
		Murchison, TX 75778				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Professor		NOYB			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/09/2023	Griffis, Alisa				\$25.00
		Contributor address; City; State; Zip Code				
		Murchison, TX 75778				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>ו</u> וא)		
	Professor		NOYB			
			<u> </u>			

			1 Total pages Cabadula A1
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 28/66 Rpt: 31/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/09/2023	Griffis, Alisa		\$25.00
	6 Contributor address; City; State; Zip Code		1
	Murchison, TX 75778		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Professor		NOYB	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/11/2023	Gruben, Julie		\$75.00
	Contributor address; City; State; Zip Code		1
	Allen, TX 75013	•	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
chiropractor		self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/11/2023	Gruben, Julie		\$75.00
	Contributor address; City; State; Zip Code		1
D in single age	Allen, TX 75013		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
chiropractor		self	T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/11/2023	Gruben, Julie		\$75.00
	Contributor address; City; State; Zip Code		
	Allen, TX 75013		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
chiropractor		self	5)
Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: Gruben, Julie)	Amount of Contribution (\$) \$75.00
04/11/2023			φισ.υυ
	Contributor address; City; State; Zip Code		
	Allen, TX 75013		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
chiropractor		self	5)
•••••••			

The	Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/66 Rpt: 32/75	
2 FILER	RNAME			3 Filer ID (Ethics Commission	Filers)
		accine Choice PAC		00080099	,
4 Date		5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/11	1/2023	Gruben, Julie			\$75.00
		6 Contributor address; City; State; Zip Code			
		Allen, TX 75013			
8 Princi	pal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)	
chiro	practor		self		
Date		Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/11	1/2023	Gruben, Julie			\$75.00
		;;;;;;;			
		Allen, TX 75013			
Princi	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
chiro	practor		self		
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	4/2023	Hanson, Maureen			\$25.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76109			
Princi	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
careg	giver		Nancy Smith		
Date		Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/14	4/2023	Hanson, Maureen			\$25.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76109			
Princi	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
careg	giver		Nancy Smith		
Date		Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/14	4/2023	Hanson, Maureen			\$25.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76109			
Princi	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
careg	giver		Nancy Smith		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
	· · ·		Sch: 30/66 Rpt: 33/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for \	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/14/2023	Hanson, Maureen		\$25.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
caregiver		Nancy Smith	,
			Amount of Contribution (\$)
Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$25.00
05/14/2023	Hanson, Maureen		\$23.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۱ ۵)
caregiver		Nancy Smith	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/14/2023	Hanson, Maureen		\$25.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
caregiver		Nancy Smith	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/28/2023	Hebert, Todd		\$4.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Civil Engine		FAA	<i>)</i>
Date)	Amount of Contribution (\$)
02/28/2023	Full name of contributor out-of-state PAC (ID#: Hebert, Todd)	\$4.00
02/20/2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Plano, TX 75025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Civil Engine	er	FAA	

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	The Instru	ction Guide explains how	w to complete this f	forr	n.	1	Total pages Schedule A1: Sch: 31/66 Rpt: 34/75	
2	FILER NAME					3	Filer ID (Ethics Commission I	Filers)
_		Accine Choice PAC					00080099	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	:)	7	Amount of Contribution (\$)	
	03/28/2023	Hebert, Todd						\$4.00
		6 Contributor address; City; S	State; Zip Code					
			· •					
		Plano, TX 75025						
8	Principal occu	upation / Job title (See Instruction	IS)	9	Employer (See Instructions	;)		
	Civil Enginee	ər			FAA			
	Date	Full name of contributor	out-of-state PAC (ID#:_	 :)	Γ	Amount of Contribution (\$)	
	05/01/2023	Hebert, Todd	· -					\$4.00
		Contributor address; City; S						
			state, Zip Coue					
		Plano, TX 75025						
	Principal occu	upation / Job title (See Instruction		—	Employer (See Instructions	<u>ר</u>		
	Civil Engine		5)		FAA	ワ		
_	_					—		
	Date	Full name of contributor	out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
	05/28/2023	Hebert, Todd						\$4.00
		Contributor address; City; S						
		Plano, TX 75025						
	Principal occu	upation / Job title (See Instruction	IS)	Τ	Employer (See Instructions	;)		
	Civil Enginee	er			FAA			
	Date	Full name of contributor	out-of-state PAC (ID#:	 :)	Γ	Amount of Contribution (\$)	
	06/28/2023	Hebert, Todd						\$4.00
	00,20,202		State: Zin Code					T
		Contributor address; City; S	state, zip coue					
		Plano, TX 75025						
	Principal occu	upation / Job title (See Instruction	اد)	—	Employer (See Instructions	L ເ)		
	Civil Engine		3)		FAA	9		
-	_					—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷= 00
	01/12/2023	Herbelin, Patricia						\$5.00
		Contributor address; City; S	State; Zip Code					
		Waco, TX 76712						
	Principal occu	upation / Job title (See Instruction	IS)		Employer (See Instructions	;)		
	Emergency	preparedness			CATRAC			
								ſ

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/66 Rpt: 35/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/12/2023	Herbelin, Patricia		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Waco, TX 76712		
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Emergency	preparedness	CATRAC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/12/2023	Herbelin, Patricia		\$5.00
			4
	Waco, TX 76712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	preparedness	CATRAC	<i>'</i>
	<u> </u>		Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/12/2023	Herbelin, Patricia		\$5.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Emergency	preparedness	CATRAC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/12/2023	Herbelin, Patricia		\$5.00
	Contributor address; City; State; Zip Code		•
	Waco, TX 76712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Emergency	preparedness	CATRAC	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2023	Herbelin, Patricia	/	\$5.00
00/12/2020			
	Contributor address; City; State; Zip Code		
	Mana TV 76710		
- · · ·	Waco, TX 76712		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Emergency	preparedness	CATRAC	

	The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 33/66 Rpt: 36/75	
2	FILER NAME			_	Filer ID (Ethics Commission	Filers)
		accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2023	Holley, Ariel				\$10.00
		6 Contributor address; City; State; Zip Code				
		Denison, TX 75021	-			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Server		Fulbellis			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/15/2023	Holley, Ariel				\$10.00
		Contributor address; City; State; Zip Code				
		Denison, TX 75021				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Server		Fulbellis			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2023	Holley, Ariel				\$10.00
		Contributor address; City; State; Zip Code		1		
		Denison, TX 75021	<u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Server		Fulbellis			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/15/2023	Holley, Ariel				\$10.00
		Contributor address; City; State; Zip Code		1		
		Denison, TX 75021	1			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Server		Fulbellis	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2023	Holley, Ariel				\$10.00
		Contributor address; City; State; Zip Code]		
		Denison, TX 75021	1			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Server		Fulbellis			
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/66 Rpt: 37/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/15/2023	Holley, Ariel		\$10.00
	6 Contributor address; City; State; Zip Code		
	Denison, TX 75021		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Server		Fulbellis	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2023	Jimmink, Tiffany		\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76123		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Homemaker		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2023	Jimmink, Tiffany		\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76123		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Homemaker	·	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/08/2023	Jimmink, Tiffany		\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76123	•	
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Homemaker		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/08/2023	Jimmink, Tiffany		\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76123	•	
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Homemaker	·	Self	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/66 Rpt: 38/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/08/2023	Jimmink, Tiffany		\$5.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76123		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
Homemaker		Self	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/08/2023	Jimmink, Tiffany	'	\$5.00
00,00,2020			+0.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76123		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	1
Homemaker	,	Self	
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/10/2023	Kelly, Jessica		\$2.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77840		
	pation / Job title (See Instructions)	Employer (See Instructions)
Cashier		Whataburger	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/10/2023	Kelly, Jessica		\$2.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77840		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Cashier	,	Whataburger	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/10/2023	Kelly, Jessica	,	\$2.00
00/20/202	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	College Station, TX 77840		
Dringing occu		Employer (See Instructions	N
	ipation / Job title (See Instructions)	Employer (See Instructions	
Cashier		Whataburger	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/66 Rpt: 39/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texans for V	/accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/10/2023	Kelly, Jessica				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		College Station TV 77940				
8	Drincinal occu	College Station, TX 77840 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ð	Cashier		Whataburger	5)		
				T	t second of Contribution (ft)	
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#: Kelly, Jessica)		Amount of Contribution (\$)	\$2.00
	03/10/2023	-		ł		Φ2.00
		Contributor address; City; State; Zip Code				
		College Station, TX 77840				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Cashier		Whataburger			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/10/2023	Kelly, Jessica				\$2.00
		Contributor address; City; State; Zip Code		1		
		College Station, TX 77840	1			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Cashier		Whataburger			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 10.00
	01/21/2023	Lamb, Mellany				\$10.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75022				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Sharing		Not Sharing			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/21/2023	Lamb, Mellany				\$10.00
		Contributor address; City; State; Zip Code		1		
		Flower Mound, TX 75022	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Sharing		Not Sharing			
1						

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 37/66 Rpt: 40/75
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC		00080099
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/21/2023 Lamb, Mellany		\$10.00
6 Contributor address; City; State; Zip Code		1
		1
		1
Flower Mound, TX 75022		
	9 Employer (See Instructions)
Not Sharing	Not Sharing	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/24/2023 Lester, Bethany		\$25.00
Contributor address; City; State; Zip Code		1
		1
McKinney, TX 75072		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physical Therapist	GTC	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/24/2023 Lester, Bethany		\$25.00
		1
McKinney, TX 75072		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physical Therapist	GTC	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/24/2023 Lester, Bethany		\$25.00
Contributor address; City; State; Zip Code		
McKinney, TX 75072		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physical Therapist	GTC	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/24/2023 Lester, Bethany		\$25.00
Contributor address; City; State; Zip Code		
McKinney, TX 75072		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physical Therapist	GTC	

	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 38/66 Rpt: 41/75	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	05/27/2023	Lester, Bethany				\$25.00
	I	6 Contributor address; City; State; Zip Code]		
		McKinney, TX 75072				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physical The	erapist	GTC			
	Date	Full name of contributor out-of-state PAC	: (ID#:)	Τ	Amount of Contribution (\$)	
	01/08/2023	Lindstrom, Corrie				\$5.00
	ł	Contributor address; City; State; Zip Code		"		
		Boerne, TX 78006	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Deputy TAC		Kendall County			
	Date	Full name of contributor out-of-state PAC	; (ID#:)	T	Amount of Contribution (\$)	
	02/08/2023	Lindstrom, Corrie				\$5.00
		Contributor address; City; State; Zip Code]		
		Boerne, TX 78006				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>।</u>		
	Deputy TAC		Kendall County	5)		
╞	Date	Full name of contributor Out-of-state PAC		Т	Amount of Contribution (\$)	
	03/08/2023	Lindstrom, Corrie	(ID#)			\$5.00
	00/00/2020					ψ0.00
		Contributor address, City, State, Zip Code				
		Boerne, TX 78006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Deputy TAC		Kendall County			
⊨	Date	Full name of contributor out-of-state PAC	; (ID#:)		Amount of Contribution (\$)	
	04/08/2023	Lindstrom, Corrie				\$5.00
	I	Contributor address; City; State; Zip Code		"		
		Boerne, TX 78006				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Deputy TAC		Kendall County			

The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 39/66 Rpt: 42/75	
2 FILER NAMI	 E		3 Filer ID (Ethics Commission Filers)	5)
	- Vaccine Choice PAC		00080099	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
05/08/2023	Lindstrom, Corrie		\$5	5.00
	6 Contributor address; City; State; Zip Code			
	Boerne, TX 78006	•		
8 Principal occ Deputy TA	cupation / Job title (See Instructions) C	9 Employer (See Instructions Kendall County	;)	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
06/08/2023	Lindstrom, Corrie			5.00
	Contributor address; City; State; Zip Code		1	
	Boerne, TX 78006			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	۲ ۶)	
Deputy TA	C	Kendall County		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
01/20/2023				5.00
	Contributor address; City; State; Zip Code			
	LUBBOCK, TX 79416			
	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Sharing	J	Not Sharing		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
02/20/2023			\$25	5.00
	Contributor address; City; State; Zip Code			
	LUBBOCK, TX 79416	- · · · · · · · · · · · · · · · · · · ·		
	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Sharing	- -	Not Sharing		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	_
03/20/2023	Lochbaum, Mary		\$25	5.00
	Contributor address; City; State; Zip Code			
= : :t	LUBBOCK, TX 79416			
-	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Sharing	J	Not Sharing		

Т	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/66 Rpt: 43/75	
2 F	ILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	- ,
4 D	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
0	04/20/2023	Lochbaum, Mary				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		LUBBOCK, TX 79416	-			
		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
N	Not Sharing		Not Sharing			
D	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
0)5/20/2023	Lochbaum, Mary				\$25.00
		Contributor address; City; State; Zip Code				
		LUBBOCK, TX 79416				
P	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Ν	Not Sharing		Not Sharing			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
0	6/20/2023	Lochbaum, Mary				\$25.00
		Contributor address; City; State; Zip Code		1		
		LUBBOCK, TX 79416				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
N	Not Sharing		Not Sharing			
D	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
0)1/05/2023	Mathews, Lindsey				\$25.00
		Contributor address; City; State; Zip Code		1		
		Wimberley, TX 78676				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
0	Chiropractor		Self			
D	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
0)2/05/2023	Mathews, Lindsey				\$25.00
		Contributor address; City; State; Zip Code		1		
		Wimberley, TX 78676				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
C	Chiropractor		Self			

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 41/66 Rpt: 44/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/05/2023	Mathews, Lindsey				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Wimberley, TX 78676				
8	Principal occu		9 Employer (See Instructions	<u> </u>		
	Chiropractor		Self	·		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/05/2023	Mathews, Lindsey				\$25.00
				·		-
		Wimberley, TX 78676				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chiropractor		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/05/2023	Mathews, Lindsey				\$25.00
		Contributor address; City; State; Zip Code		"		
		Wimberley, TX 78676				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chiropractor		Self	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷05 00
	06/05/2023	Mathews, Lindsey				\$25.00
		Contributor address; City; State; Zip Code				
		Wimberley, TX 78676				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chiropractor	·	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/16/2023	McGuire, Darien				\$25.00
		Contributor address; City; State; Zip Code		·		
		Garland, TX 75044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	SAHM		Self			

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 42/66 Rpt: 45/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/16/2023	McGuire, Darien				\$25.00
		6 Contributor address; City; State; Zip Code		"		
_	Dringing oog	Garland, TX 75044	Contructions	<u> </u>		
8	Principal occu SAHM	ipation / Job title (See Instructions)	9 Employer (See Instructions Self	S)		
				1		
	Date)		Amount of Contribution (\$)	* 25 00
	03/16/2023					\$25.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75044				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	SAHM		Self	,		
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/16/2023	McGuire, Darien				\$25.00
		Contributor address; City; State; Zip Code		·		
		Garland, TX 75044				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		_
	SAHM		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/16/2023	McGuire, Darien				\$25.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75044				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	SAHM		Self	<i>c</i> ,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	06/16/2023	McGuire, Darien	,			\$25.00
		Contributor address; City; State; Zip Code		·		
		Garland, TX 75044				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	SAHM		Self			

The li	nstruo	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 43/66 Rpt: 46/75	
2 FILER	NAME			3	Filer ID (Ethics Commission	Filers)
Texan	ns for V	accine Choice PAC			00080099	
4 Date		5 Full name of contributor out-of-state PAC	(ID#:	7	Amount of Contribution (\$)	
01/03/	/2023	McGurn, Patricia				\$5.00
		6 Contributor address; City; State; Zip Code				
		Con Antonia TV 70966				
• Drincin		San Antonio, TX 78266 pation / Job title (See Instructions)	9 Employer (See Instru	(ations)		
sales	a occu		self	JCuonsj		
				<u> </u>	Amount of Contribution (\$)	
Date 02/03/	12023	Full name of contributor out-of-state PAC McGurn, Patricia	(ID#:		Amount of Contribution (\$)	\$5.00
02/03/	12025					ψ0.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78266				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)		
sales			self			
Date		Full name of contributor out-of-state PAC	(ID#:	_)	Amount of Contribution (\$)	
03/03/	/2023	McGurn, Patricia				\$5.00
		Contributor address; City; State; Zip Code				
D in sin		San Antonio, TX 78266				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instru self	uctions)		
				<u> </u>		
Date	12022	Full name of contributor out-of-state PAC	(ID#:		Amount of Contribution (\$)	ቀር በበ
04/03/	/2023	McGurn, Patricia				\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78266				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)		
sales			self			
Date		Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
05/03/	/2023	McGurn, Patricia				\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78266				
	al occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)		
sales			self			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 44/66 Rpt: 47/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	√accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/03/2023			\$5.0
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78266		
8 Principal occu sales	upation / Job title (See Instructions)	9 Employer (See Instructions self	3)
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
01/08/2023	McLeod Gordon, Dina Michele		\$5.0
			1
	Continuation address, City, State, Zip Code		
	Spring TV 77206		
	Spring, TX 77386		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Executive As	ssistant	SAP	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/08/2023	McLeod Gordon, Dina Michele		\$5.0
			1
	Spring, TX 77386		
Bringinal occu		Employor (Soo Instructions	~
Executive As	upation / Job title (See Instructions)	Employer (See Instructions	>)
		5AP	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/08/2023	McLeod Gordon, Dina Michele		\$5.0
	Contributor address; City; State; Zip Code		1
	Spring, TX 77386		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Executive As		SAP	<i>''</i>
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/08/2023	McLeod Gordon, Dina Michele		\$5.0
	Contributor address; City; State; Zip Code		1
	Spring, TX 77386		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Executive As		SAP	>)
		JAP	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/66 Rpt: 48/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	Vaccine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/08/2023	McLeod Gordon, Dina Michele		\$5.00
	6 Contributor address; City; State; Zip Code		
	Spring, TX 77386		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Executive As	ssistant	SAP	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/08/2023	McLeod Gordon, Dina Michele		\$5.00
	Contributor address; City; State; Zip Code		•
	Spring, TX 77386		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Executive As	ssistant	SAP	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2023	Miles, Krysti		\$10.00
Principal occu	Waco, TX 76710 upation / Job title (See Instructions)	Employer (See Instructions	-)
retired		retired	›)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2023	Miles, Krysti		\$10.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76710	-	
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2023	Miles, Krysti		\$10.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 46/66 Rpt: 49/75
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC	00080099
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/15/2023 Miles, Krysti	\$10.00
6 Contributor address; City; State; Zip Code	
Waco, TX 76710	<u></u>
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired 	1
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/15/2023 Miles, Krysti	\$10.00
Contributor address; City; State; Zip Code	
Waco, TX 76710	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2023 Miles, Krysti	\$10.00
Contributor address; City; State; Zip Code	
Waco, TX 76710	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2023 Molinario, Kelly	\$20.00
Contributor address; City; State; Zip Code	
Houston, TX 77058	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Academic Advisor University of Houston Sys	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2023 Molinario, Kelly	\$20.00
Contributor address; City; State; Zip Code	-
Houston, TX 77058	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Academic Advisor University of Houston System	<i>r</i> stem

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 47/66 Rpt: 50/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/08/2023	Molinario, Kelly		\$20.0
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77058		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Academic A		University of Houston Sy	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/08/2023	Molinario, Kelly		\$20.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77058		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Academic A		University of Houston Sy	·
Date			Amount of Contribution (\$)
05/08/2023	Full name of contributor out-of-state PAC (ID#: Molinario, Kelly)	\$20.1
0010012020			·
	Contributor address, City, State, Zip Code		
	Houston, TX 77058		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Academic A	dvisor	University of Houston Sy	ystem
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/08/2023	Molinario, Kelly		\$20.0
	Contributor address; City; State; Zip Code		1
Duits singly approx	Houston, TX 77058		Į
Principal occu Academic A	upation / Job title (See Instructions)	Employer (See Instructions University of Houston Sy	
			-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/16/2023	Morfin, Lisa		\$25.0
	Contributor address; City; State; Zip Code		
	La Porte, TX 77571		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Music teache		Pasadena ISD	<i>'</i>
_	<u> </u>		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/66 Rpt: 51/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/16/2023	Morfin, Lisa		\$25.0
	6 Contributor address; City; State; Zip Code	······	1
2 Drizzinal agai	La Porte, TX 77571		
8 Principal occu Music teache	upation / Job title (See Instructions)	9 Employer (See Instructions Pasadena ISD	3)
			1
Date	—)	Amount of Contribution (\$)
03/16/2023			\$25.0
	Contributor address; City; State; Zip Code		
	La Porte, TX 77571		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Music teache		Pasadena ISD	>)
			1 Array of Contribution (ft)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/16/2023			\$25.0
	Contributor address; City; State; Zip Code		
	La Porte, TX 77571		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1 \$)
Music teach		Pasadena ISD	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2023	Morfin, Lisa		\$25.0
	Contributor address; City; State; Zip Code		1
	La Porte, TX 77571		l
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Music teache	er	Pasadena ISD	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/16/2023	Morfin, Lisa		\$25.0
	Contributor address; City; State; Zip Code		1
	La Porte, TX 77571	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Music teache	er	Pasadena ISD	

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 49/66 Rpt: 52/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)
01/07/2023	Mortimer, Michelle		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Plano, TX 75023		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Mom		None	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
02/07/2023	Mortimer, Michelle		\$5.00
	Contributor address; City; State; Zip Code]
Dringingloogu	Plano, TX 75023	Employer (Cap Instruction)	<u> </u>
Principal occu Mom	ipation / Job title (See Instructions)	Employer (See Instructions	5)
		None	T
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
03/07/2023	Mortimer, Michelle		\$5.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75023		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)
Mom		None	5)
Date	Full name of contributor Out-of-state PAC (ID		Amount of Contribution (\$)
04/07/2023	Full name of contributor out-of-state PAC (ID Mortimer, Michelle)#:)	\$5.00
04/01/2020	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Plano, TX 75023		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)
Mom		None	
Date	Full name of contributor Out-of-state PAC (ID)#:)	Amount of Contribution (\$)
05/07/2023	Mortimer, Michelle		\$5.00
	Contributor address; City; State; Zip Code		1
	Plano, TX 75023		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Mom		None	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 50/66 Rpt: 53/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#	;)	7 Amount of Contribution (\$)
06/07/2023	Mortimer, Michelle		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Plano, TX 75023		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Mom		None	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
01/16/2023	Popp, Caleigh		\$5.00
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Licensed TX	Claims Adjuster	Allstate	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
02/16/2023			\$5.00
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	δ)
Licensed TX	Claims Adjuster	Allstate	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
03/16/2023	Popp, Caleigh		\$5.00
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	Σ
Licensed TX	Claims Adjuster	Allstate	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
04/16/2023	Popp, Caleigh		\$5.00
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Claims Adjuster	Allstate	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/66 Rpt: 54/75	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texans for V	accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/16/2023	Popp, Caleigh				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79424				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
-		C Claims Adjuster	Allstate	.,		
╞━	Date	Full name of contributor out-of-state PAC (ID#:_		Т	Amount of Contribution (\$)	
	01/13/2023	Raschke, Kelsey	/			\$25.00
	01/10/2020					Ψ20.00
		Contributor address, City, State, Zip Code				
		Colorado City, TX 79512				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Farmer		Self			
-	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Τ	Amount of Contribution (\$)	
	02/13/2023	Raschke, Kelsey				\$25.00
	-	Contributor address; City; State; Zip Code				
		Colorado City, TX 79512				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Farmer		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/13/2023	Raschke, Kelsey				\$25.00
		Contributor address; City; State; Zip Code				
		Colorado City, TX 79512				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Farmer		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	04/13/2023	Raschke, Kelsey]		\$25.00
		Contributor address; City; State; Zip Code]		
		Colorado City, TX 79512	1	ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Farmer		Self			

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 52/66 Rpt: 55/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/13/2023	Raschke, Kelsey				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Colorado City, TX 79512				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
	Farmer		Self	3)		
	Date	Full name of contributor Out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	06/13/2023	Raschke, Kelsey	J			\$25.00
	00,10,2022			.		4LC . CC
		Colorado City, TX 79512				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Farmer		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/09/2023	Reis, Fernanda				\$10.00
		Contributor address; City; State; Zip Code		"		
		Spring, TX 77386	 			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Commercial		TechnipFMC			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2023	Reis, Fernanda				\$10.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77386				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Commercial		TechnipFMC	- /		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Τ	Amount of Contribution (\$)	
	03/09/2023	Reis, Fernanda	/			\$10.00
		Contributor address; City; State: Zip Code	,	·		
		Spring, TX 77386				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Commercial	Manager	TechnipFMC			
			<u> </u>			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 53/66 Rpt: 56/75
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC	00080099
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
04/09/2023 Reis, Fernanda	\$10.00
6 Contributor address; City; State; Zip Code	
Spring, TX 77386	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Commercial Manager TechnipFMC	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/09/2023 Reis, Fernanda	\$10.00
Contributor address; City; State; Zip Code	
Spring, TX 77386	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Commercial Manager TechnipFMC	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/09/2023 Reis, Fernanda	\$10.00
Contributor address; City; State; Zip Code	
Spring, TX 77386	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Commercial Manager TechnipFMC	lions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00
	Φ10.00
Contributor address; City; State; Zip Code	
Spring, TX 77386	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Commercial Manager TechnipFMC	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
05/09/2023 Reis, Fernanda	\$10.00
Contributor address; City; State; Zip Code	
Spring, TX 77386	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Commercial Manager TechnipFMC	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/66 Rpt: 57/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC			00080099	- <u> </u>
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/09/2023	Reis, Fernanda				\$10.00
	I	6 Contributor address; City; State; Zip Code		1		
		Spring, TX 77386				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Commercial	Manager	TechnipFMC			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/08/2023	Rosario, Audrey				\$10.00
	1	Contributor address; City; State; Zip Code		·		
		Rockwall, TX 75032				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2023	Russo, Erica				\$5.00
	I	Contributor address; City; State; Zip Code				
		Rowlett, TX 75089				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager, Te	echnical Support	Mitel			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/15/2023	Russo, Erica				\$5.00
	1	Contributor address; City; State; Zip Code		1		
		Rowlett, TX 75089				
	-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager, Te	echnical Support	Mitel			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2023	Russo, Erica				\$5.00
	ł	Contributor address; City; State; Zip Code		1		
		Rowlett, TX 75089				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager, Te	echnical Support	Mitel			

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/66 Rpt: 58/75
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		/accine Choice PAC		00080099
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	04/15/2023	Russo, Erica		\$5.00
		6 Contributor address; City; State; Zip Code		
		Rowlett, TX 75089		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Manager, Te	echnical Support	Mitel	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/15/2023	Russo, Erica		\$5.00
		Contributor address; City; State; Zip Code		
		Rowlett, TX 75089		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
	Manager, Te	echnical Support	Mitel	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/15/2023	Russo, Erica		\$5.00
		Contributor address; City; State; Zip Code		
		Rowlett, TX 75089		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
	Manager, Te	echnical Support	Mitel	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/23/2023	Setters, Susan		\$10.00
		Contributor address; City; State; Zip Code		
		Dripping Springs, TX 78620		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/23/2023	Setters, Susan		\$10.00
		Contributor address; City; State; Zip Code		
		Dripping Springs, TX 78620		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired		Retired	
┢			<u> </u>	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 56/66 Rpt: 59/75	
2 FILER NAM			3 Filer ID (Ethics Commission F	Filers)
	Vaccine Choice PAC		00080099	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/23/2023				\$10.00
	6 Contributor address; City; State; Zip Code			
	Dripping Springs, TX 78620			
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/23/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Dripping Springs, TX 78620			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/23/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Dripping Springs, TX 78620			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/23/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Dripping Springs, TX 78620			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/03/2023				\$35.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78732			
Principal occ	L cupation / Job title (See Instructions)	Employer (See Instructions))	
mom		self	, ,	
		<u> </u>		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 57/66 Rpt: 60/75	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	/accine Choice PAC		00080099	
4 Date 01/28/2023	 5 Full name of contributor out-of-state PAC (ID#: Sims, Amy 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$25	.00
	Austin, TX 78731			
8 Principal occu Realtor	ipation / Job title (See Instructions)	9 Employer (See Instructions Self	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/28/2023	Sims, Amy		\$25	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	»)	
Realtor		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2023	Sims, Amy		\$25	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Realtor		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/28/2023	Sims, Amy		\$25	.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78731			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Realtor		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/28/2023	Sims, Amy		\$25	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Realtor		Self		
		•		

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 58/66 Rpt: 61/75	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	/accine Choice PAC		00080099	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/28/2023	Sims, Amy		\$	\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78731			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<i>i</i>)	
Realtor		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/2023	Sims, Amy Broline		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Realtor		Roots Residential Group)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/28/2023	Stokes, Lynn		\$	\$20.00
	Contributor address; City; State; Zip Code			
	BOERNE, TX 78006			
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)	
Not Sharing		Not Sharing		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/28/2023	Stokes, Lynn		\$	\$20.00
	Contributor address; City; State; Zip Code			
	BOERNE, TX 78006			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Sharing		Not Sharing		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2023	Stokes, Lynn		\$	\$20.00
	Contributor address; City; State; Zip Code			
	BOERNE, TX 78006			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Sharing		Not Sharing		

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 59/66 Rpt: 62/75	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)	
		/accine Choice PAC				00080099	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	04/28/2023	Stokes, Lynn					\$20.00
	1	6 Contributor address; City; State; Zip Code					
		POEDNE TY 70006					
Ļ	Dringinal occu	BOERNE, TX 78006	—	Employer (Soo Instructions	<u> </u>		
8	Not Sharing	pation / Job title (See Instructions)		9 Employer (See Instructions Not Sharing	9		
⊨	_						
	Date		AC (ID#:)		Amount of Contribution (\$)	#20.00
	05/28/2023						\$20.00
		Contributor address; City; State; Zip Code					
		BOERNE, TX 78006					
\vdash	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions			
	Not Sharing			Not Sharing	,		
╞	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	06/28/2023	Stokes, Lynn	//o (.o			, unoun of <u>constant</u> (.,	\$20.00
		BOERNE, TX 78006					
		ipation / Job title (See Instructions)		Employer (See Instructions	3)		
	Not Sharing			Not Sharing			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	01/28/2023	TAYLOR, JENNIFER					\$10.00
	I	Contributor address; City; State; Zip Code					
\vdash	Dringinal agai	Caddo Mills, TX 75135		Employer (See Instructions			
	SAHM	pation / Job lule (See Instructions)		Taylor Family	9		
╞					-		
	Date 02/28/2023	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	\$10.00
	0212012023						ΦT0'00
		Contributor address; City; State; Zip Code					
		Caddo Mills, TX 75135					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	SAHM			Taylor Family	,		
⊢			<u> </u>	-			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 60/66 Rpt: 63/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	accine Choice PAC		00080099
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/28/2023	TAYLOR, JENNIFER		\$10.0
	6 Contributor address; City; State; Zip Code		
	Caddo Mills, TX 75135		×
-	pation / Job title (See Instructions)	9 Employer (See Instructions))
SAHM		Taylor Family	
Date)	Amount of Contribution (\$)
04/28/2023	TAYLOR, JENNIFER		\$10.0
	Contributor address; City; State; Zip Code		
D in single and	Caddo Mills, TX 75135		
	pation / Job title (See Instructions)	Employer (See Instructions))
SAHM		Taylor Family	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/28/2023	TAYLOR, JENNIFER		\$10.0
	Contributor address; City; State; Zip Code		
	Cadda Milla TV 75125		
Dringing occu	Caddo Mills, TX 75135	Employer (See Instructions)	\ \
SAHM	pation / Job title (See Instructions)	Employer (See Instructions) Taylor Family)
Date)	Amount of Contribution (\$)
06/28/2023	TAYLOR, JENNIFER		\$10.0
	Contributor address; City; State; Zip Code		
	Caddo Mills, TX 75135		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
SAHM	,	Taylor Family	,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
01/03/2023	Van Dalsem, Michelle	/	\$25.0
01,00,2012	Contributor address; City; State; Zip Code		
	Contributor address, Gry, State, Eip Sour		
	Cedar Park, TX 78613		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 61/66 Rpt: 64/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		/accine Choice PAC		1 I	00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/03/2023	Van Dalsem, Michelle				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
-	Retired		Retired	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	03/03/2023	Van Dalsem, Michelle	/			\$25.00
	00/00/2020					Ψ20.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> (۱		
	Retired		Retired	3)		
⊨		Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	Date 04/03/2023)		Amount of Contribution (\$)	\$25.00
	04/03/2023	Van Dalsem, Michelle				Φ20.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Retired		Retired	3)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	05/03/2023	Van Dalsem, Michelle)			\$25.00
	03/03/2020					Ψ20.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	06/03/2023	Full name of contributor out-of-state PAC (ID#: Van Dalsem, Michelle)			\$25.00
	00/03/2023					Ψ20.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Retired		Retired	3)		
\vdash						
						1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 62/66 Rpt: 65/75
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	/accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/16/2023	Walkoviak, Andrea		\$5.00
	6 Contributor address; City; State; Zip Code		
2 Dringing oppu	Cypress, TX 77433		<u></u>
Project Man	ipation / Job title (See Instructions) ager	9 Employer (See Instructions) Leadgen Direct	•)
-			
Date)	Amount of Contribution (\$)
01/01/2023			\$10.00
	Contributor address; City; State; Zip Code		
	Argyle, TX 76226		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	() ;)
Sahm	, , , , , , , , , , , , , , , , , , ,	Sahm	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
02/01/2023	Weachter, Regina		\$10.00
	Argyle, TX 76226		
-	ipation / Job title (See Instructions)	Employer (See Instructions	·)
Sahm		Sahm	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/01/2023	Weachter, Regina		\$10.00
	Contributor address; City; State; Zip Code		
Dringinal occu	Argyle, TX 76226 Ipation / Job title (See Instructions)	Employer (See Instructions	
Sahm		Employer (See Instructions Sahm	·)
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: Weachter, Regina)	Amount of Contribution (\$) \$10.00
04/01/2025	-		φ10.00
	Contributor address; City; State; Zip Code		
	Argyle, TX 76226		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Sahm		Sahm	,

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 63/66 Rpt: 66/75
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texans for Vaccine Choice PAC	00080099
4 Date 5 Full name of contributor out-of-state PAC (ID#:)) 7 Amount of Contribution (\$)
05/01/2023 Weachter, Regina	\$10.00
6 Contributor address; City; State; Zip Code	
Argyle, TX 76226	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Sahm Sahm	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/01/2023 Weachter, Regina	\$10.00
Contributor address; City; State; Zip Code	
Argyle, TX 76226	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Sahm Sahm	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
01/01/2023 Welborn, Christine	\$20.00
Contributor address; City; State; Zip Code	
Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Director of Election Integrity Direct Action Texas	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/01/2023 Welborn, Christine	\$20.00
Contributor address; City; State; Zip Code	
Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Director of Election Integrity Direct Action Texas	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
03/01/2023 Welborn, Christine	\$20.00
Contributor address; City; State; Zip Code	
Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Director of Election Integrity Direct Action Texas	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 64/66 Rpt: 67/75	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
_		/accine Choice PAC		- _	00080099	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/01/2023	Welborn, Christine				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Hutto, TX 78634				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Director of E	Election Integrity	Direct Action Texas			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/01/2023	Welborn, Christine				\$20.00
	-	Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Hutto, TX 78634				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ر) ا		
		Election Integrity	Direct Action Texas	5)		
-						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/01/2023	Welborn, Christine				\$20.00
		Contributor address; City; State; Zip Code	ļ]		
		Hutto, TX 78634				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director of E	Election Integrity	Direct Action Texas			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	01/11/2023	Wester, Kristin				\$10.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Mom		Stay at home	-,		
—		Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ_	Amount of Contribution (\$)	
	Date)		Amount of Contribution (\$)	#10.00
	02/11/2023	Wester, Kristin				\$10.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Mom	,	Stay at home			
			<u> </u>			

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 65/66 Rpt: 68/75	
2	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		Filers)	
		/accine Choice PAC			00080099	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/11/2023	Wester, Kristin				\$10.00
		6 Contributor address; City; State; Zip Code		1		
Ļ	D 1 atrad analy	Amarillo, TX 79109		Ĺ		
8	Principal occu Mom	ipation / Job title (See Instructions)	9 Employer (See Instructions Stay at home	S)		
				.		
	Date)		Amount of Contribution (\$)	÷10.00
	04/11/2023	Wester, Kristin				\$10.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
┝	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Mom		Stay at home	5,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	05/11/2023	Wester, Kristin	/		Amount of Contribution (\$)	\$10.00
	00,12,2:=:			•		*-· ···
		Amarillo, TX 79109				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Mom		Stay at home			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/11/2023	Wester, Kristin				\$10.00
		Contributor address; City; State; Zip Code		1		
	Drive sized account	Amarillo, TX 79109		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Mom		Stay at home	.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 E 00
	01/08/2023	Wright, Mary				\$15.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76107				
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Owner		809 at Vickery	- /		
⊢						

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 66/66 Rpt: 69/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texans for V	accine Choice PAC		00080099
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)
02/08/2023	Wright, Mary		\$15.00
	6 Contributor address; City; State; Zip Code		
	Fort Morth TV 76107		
Drincipal occu	Fort Worth, TX 76107	9 Employer (See Instructions	
8 Principal occu Owner	pation / Job title (See Instructions)	809 at Vickery	·)
Date 03/08/2023		D#:)	Amount of Contribution (\$) \$15.00
03/00/2023			φ13.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)
Owner		809 at Vickery	
Date	Full name of contributor out-of-state PAC (ID)	Amount of Contribution (\$)
04/08/2023	Wright, Mary		\$15.00
	Contributor address; City; State; Zip Code		
Di indaan	Fort Worth, TX 76107		<u></u>
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions 809 at Vickery)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
05/08/2023	Wright, Mary		\$15.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner		809 at Vickery	
Date	Full name of contributor out-of-state PAC (ID)	Amount of Contribution (\$)
06/08/2023	Wright, Mary		\$15.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
	pation / Job title (See Instructions)	Employer (See Instructions)
Owner		809 at Vickery	

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 Rep Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rrhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 70/75	Texans for Vaccine Choice PAC		00080099
4 Date 03/20/2023	5 Payee name Apple Store #R085		
6 Amount (\$)	7 Payee address; City; State; Zip Co	do	
\$1,852.88	2901 S. Capital of Texas Hwy		
Expenditure from corporate funds	Austin, TX 78746		
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. TX, officeholder living expense PS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
02/22/2023	Critical Mass		
Amount (\$)	Payee address; City; State; Zip Cc	de	
\$3,065.13	697 W 2200 N		
Expenditure from corporate funds	Centerville, UT 84014		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense es Retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
01/31/2023	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$5.00	100 W Houston St		
Expenditure from corporate funds	San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 2/6 Rpt: 71/75	Texans for Vaccine Choice PAC 00080099		
4 Date 02/28/2023	5 Payee name Frost Bank		
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 100 W Houston St		
Expenditure from corporate funds	San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
03/31/2023	Frost Bank		
Amount (\$) \$5.00	Payee address; City; State; Zip Code 100 W Houston St		
Expenditure from corporate funds	San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
04/28/2023	Frost Bank		
Amount (\$) \$5.00	Payee address; City; State; Zip Code 100 W Houston St		
Expenditure from corporate funds	San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees 		
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/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 Glft/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 72/75	Texans for Vaccine Choice PAC 00080099
4 Date 05/31/2023	5 Payee name Frost Bank
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 100 W Houston St
Expenditure from corporate funds	San Antonio, TX 78205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2023	Frost Bank
Amount (\$) \$5.00	Payee address; City; State; Zip Code 100 W Houston St
Expenditure from corporate funds	San Antonio, TX 78205
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/09/2023	Hardin Computer
Amount (\$) \$897.39	Payee address;City;State;Zip Code5801 W Interstate 20 #330
Expenditure from corporate funds	Arlington, TX 76017
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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: 4/6 Rpt: 73/75	Texans for Vaccine Choice PAC 00080099	
4 Date	5 Payee name	
01/17/2023	Raise the Money	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.25	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/30/2023	Raise the Money	
Amount (\$)	Payee address; City; State; Zip Code	
\$55.00	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/14/2023	Raise the Money	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.25	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

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: 5/6 Rpt: 74/75	Texans for Vaccine Choice PAC 00080099	
4 Date	5 Payee name	
03/14/2023	Raise the Money	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.25	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees	
	r undraising riation rices	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
03/15/2023	Raise the Money	
Amount (\$)	Payee address; City; State; Zip Code	
\$30.74	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/14/2023	Raise the Money	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.25	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

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: 6/6 Rpt: 75/75	Texans for Vaccine Choice PAC 00080099	
4 Date	5 Payee name	
04/17/2023	Raise the Money	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$35.74	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees	
	Fundraising Platform Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/14/2023	Raise the Money	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.25	PO Box 26466	
Expenditure from corporate funds	Little Rock, TX 72221	
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 Fundraising Platform Fees 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/13/2023	Thomas Graphics, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$811.88	PO Box 142226	
Expenditure from corporate funds	Austin, TX 78714	
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 Office Supplies 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	