

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080099	<b>2</b> Total pages filed: 75
<b>3</b> COMMITTEE NAME Texans for Vaccine Choice PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2023	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1321 W Randol Mill Rd Suite 2006 Arlington, TX 76012	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Jackie	
		NICKNAME LAST SUFFIX Schlegel	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1321 W. Randol Mill Rd. Ste. 2006 Arlington, TX 76012	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1321 W. Randol Mill Rdd. Ste. 2006 Arlington, TX 76012	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 876-1645	
<b>9</b> REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED		Month Day Year      Month Day Year 01/01/2023      THROUGH      06/30/2023	
<b>11</b> ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texans for Vaccine Choice PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00080099
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,755.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,780.01
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 29,342.26
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Jackie Schlegel  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 75

<b>17 COMMITTEE NAME</b> Texans for Vaccine Choice PAC		<b>18 Filer ID</b> 00080099	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,755.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	6,780.01
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/66 Rpt: 5/75
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Askew, Michael	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75209	
8 Principal occupation / Job title (See Instructions) Sr Business Analyst		9 Employer (See Instructions) Travel Industry-Southlake TX
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Casey	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Tomball, TX 77377	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) SAHM
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Casey	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Tomball, TX 77377	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) SAHM
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Casey	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Tomball, TX 77377	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) SAHM
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Casey	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Tomball, TX 77377	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) SAHM

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/66 Rpt: 6/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Casey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tomball, TX 77377	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) SAHM		<b>9</b> Employer (See Instructions) SAHM
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Casey <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77377	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) SAHM
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Jocelyn <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Bartend		Employer (See Instructions) Self
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Jocelyn <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Bartend		Employer (See Instructions) Self
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Jocelyn <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Bartend		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/66 Rpt: 7/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Jocelyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Azle, TX 76020	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Bartend		<b>9</b> Employer (See Instructions) Self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Jocelyn <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Bartend		Employer (See Instructions) Self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Jocelyn <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Bartend		Employer (See Instructions) Self
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/66 Rpt: 8/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blubaugh, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Tax Accountant		<b>9</b> Employer (See Instructions) HCG
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/66 Rpt: 9/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brookshire, Gay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/66 Rpt: 10/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/66 Rpt: 11/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/66 Rpt: 12/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/66 Rpt: 14/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comorote, James	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258		
<b>8</b> Principal occupation / Job title (See Instructions) Telecom		<b>9</b> Employer (See Instructions) Security Service Federal Credit Union
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comorote, James	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comorote, James	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comorote, James	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Deleise	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Tulsa, OK 74105		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/66 Rpt: 15/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Deleise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tulsa, OK 74105	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/66 Rpt: 16/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Caroline	<b>7</b> Amount of Contribution (\$) \$15.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681		
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Caroline	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Caroline	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Caroline	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Caroline	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/66 Rpt: 17/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Caroline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 01/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/66 Rpt: 18/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyer, Karin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Legislative Director		<b>9</b> Employer (See Instructions) Texas House of Representatives
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egan, Amy <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egan, Amy <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egan, Amy <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/66 Rpt: 19/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egan, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$18.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Life Coach		<b>9</b> Employer (See Instructions) Self
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egan, Amy <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$) <span style="float:right">\$18.00</span>
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egan, Amy <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$) <span style="float:right">\$18.00</span>
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/66 Rpt: 20/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, Alison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Selma, TX 78154	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Sahm
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Aneta <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/66 Rpt: 21/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Aneta	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  McGregor, TX 76657		
<b>8</b> Principal occupation / Job title (See Instructions) Escrow asst.		<b>9</b> Employer (See Instructions) Tct
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/66 Rpt: 22/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Stella <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Stella <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Stella <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Stella <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flahive, David <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/66 Rpt: 24/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) SAHM		<b>9</b> Employer (See Instructions) Husband
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anne <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Husband
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anne <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Husband
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anne <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Husband
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anne <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Husband



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/66 Rpt: 25/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) SAHM		<b>9</b> Employer (See Instructions) Husband
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/66 Rpt: 26/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Watauga, TX 76148	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/66 Rpt: 27/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Watauga, TX 76148	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Childcare		<b>9</b> Employer (See Instructions) Self
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/66 Rpt: 28/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonino, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Stacie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 26/66 Rpt: 29/75
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	7 Amount of Contribution (\$)  \$15.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78266	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Aerodyne Industries
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/66 Rpt: 30/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffis, Alisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murchison, TX 75778	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) NOYB
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffis, Alisa <hr/> Contributor address; City; State; Zip Code  Murchison, TX 75778	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NOYB
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffis, Alisa <hr/> Contributor address; City; State; Zip Code  Murchison, TX 75778	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NOYB
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffis, Alisa <hr/> Contributor address; City; State; Zip Code  Murchison, TX 75778	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NOYB
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffis, Alisa <hr/> Contributor address; City; State; Zip Code  Murchison, TX 75778	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NOYB

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/66 Rpt: 31/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffis, Alisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murchison, TX 75778	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) NOYB
Date 01/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruben, Julie <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 02/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruben, Julie <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruben, Julie <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruben, Julie <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/66 Rpt: 32/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruben, Julie	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013		
<b>8</b> Principal occupation / Job title (See Instructions) chiropractor		<b>9</b> Employer (See Instructions) self
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruben, Julie	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Allen, TX 75013		
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 01/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Maureen	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Maureen	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Maureen	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/66 Rpt: 33/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Maureen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) caregiver		<b>9</b> Employer (See Instructions) Nancy Smith
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Todd <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) FAA
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Todd <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) FAA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 31/66 Rpt: 34/75
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Todd	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code  Plano, TX 75025	
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) FAA
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Todd	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) FAA
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Todd	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) FAA
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Todd	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) FAA
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbelin, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Waco, TX 76712	
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/66 Rpt: 35/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbelin, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76712	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Emergency preparedness		<b>9</b> Employer (See Instructions) CATRAC
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/66 Rpt: 36/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Ariel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75021	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Server		<b>9</b> Employer (See Instructions) Fulbellis
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Ariel <hr/> Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Ariel <hr/> Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Ariel <hr/> Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Ariel <hr/> Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/66 Rpt: 37/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Ariel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75021	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$10.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Server		<b>9</b> Employer (See Instructions) Fulbellis
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/66 Rpt: 38/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmink, Tiffany <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Self
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/66 Rpt: 39/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77840	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Cashier		<b>9</b> Employer (See Instructions) Whataburger
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamb, Mellany <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamb, Mellany <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/66 Rpt: 40/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamb, Mellany <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Bethany <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) GTC
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Bethany <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) GTC
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Bethany <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) GTC
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Bethany <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) GTC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/66 Rpt: 41/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Bethany <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75072	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) GTC
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 39/66 Rpt: 42/75
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Boerne, TX 78006	
8 Principal occupation / Job title (See Instructions) Deputy TAC		9 Employer (See Instructions) Kendall County
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/66 Rpt: 43/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lochbaum, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/66 Rpt: 44/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Lindsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Chiropractor		<b>9</b> Employer (See Instructions) Self
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire, Darien <hr/> Contributor address; City; State; Zip Code  Garland, TX 75044	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/66 Rpt: 45/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Darien	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75044		
<b>8</b> Principal occupation / Job title (See Instructions) SAHM		<b>9</b> Employer (See Instructions) Self
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Darien	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Garland, TX 75044		
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Darien	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Garland, TX 75044		
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Darien	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Garland, TX 75044		
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Darien	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Garland, TX 75044		
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/66 Rpt: 46/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGurn, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78266	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) sales		<b>9</b> Employer (See Instructions) self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/66 Rpt: 47/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGurn, Patricia	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78266	
<b>8</b> Principal occupation / Job title (See Instructions) sales		<b>9</b> Employer (See Instructions) self
<b>Date</b> 01/08/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod Gordon, Dina Michele	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77386	
<b>Principal occupation / Job title (See Instructions)</b> Executive Assistant		<b>Employer (See Instructions)</b> SAP
<b>Date</b> 02/08/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod Gordon, Dina Michele	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77386	
<b>Principal occupation / Job title (See Instructions)</b> Executive Assistant		<b>Employer (See Instructions)</b> SAP
<b>Date</b> 03/08/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod Gordon, Dina Michele	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77386	
<b>Principal occupation / Job title (See Instructions)</b> Executive Assistant		<b>Employer (See Instructions)</b> SAP
<b>Date</b> 04/08/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod Gordon, Dina Michele	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77386	
<b>Principal occupation / Job title (See Instructions)</b> Executive Assistant		<b>Employer (See Instructions)</b> SAP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/66 Rpt: 48/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod Gordon, Dina Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Assistant		<b>9</b> Employer (See Instructions) SAP
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miles, Krysti <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miles, Krysti <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miles, Krysti <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 47/66 Rpt: 50/75
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinario, Kelly	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77058	
8 Principal occupation / Job title (See Instructions) Academic Advisor		9 Employer (See Instructions) University of Houston System
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinario, Kelly	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77058	
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinario, Kelly	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77058	
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molinario, Kelly	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77058	
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morfin, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  La Porte, TX 77571	
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/66 Rpt: 51/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morfin, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571	<b>7</b> Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) Music teacher		<b>9</b> Employer (See Instructions) Pasadena ISD
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morfin, Lisa <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morfin, Lisa <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morfin, Lisa <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morfin, Lisa <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/66 Rpt: 52/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mortimer, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Mom		<b>9</b> Employer (See Instructions) None
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mortimer, Michelle <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) None
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mortimer, Michelle <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) None
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mortimer, Michelle <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) None
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mortimer, Michelle <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/66 Rpt: 53/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mortimer, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Mom		<b>9</b> Employer (See Instructions) None
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popp, Caleigh <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Licensed TX Claims Adjuster		Employer (See Instructions) Allstate
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popp, Caleigh <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Licensed TX Claims Adjuster		Employer (See Instructions) Allstate
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popp, Caleigh <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Licensed TX Claims Adjuster		Employer (See Instructions) Allstate
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popp, Caleigh <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Licensed TX Claims Adjuster		Employer (See Instructions) Allstate

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/66 Rpt: 54/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popp, Caleigh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Licensed TX Claims Adjuster		<b>9</b> Employer (See Instructions) Allstate
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/66 Rpt: 55/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raschke, Kelsey	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Colorado City, TX 79512		
<b>8</b> Principal occupation / Job title (See Instructions) Farmer		<b>9</b> Employer (See Instructions) Self
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raschke, Kelsey	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Colorado City, TX 79512		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reis, Fernanda	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Spring, TX 77386		
Principal occupation / Job title (See Instructions) Commercial Manager		Employer (See Instructions) TechnipFMC
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reis, Fernanda	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Spring, TX 77386		
Principal occupation / Job title (See Instructions) Commercial Manager		Employer (See Instructions) TechnipFMC
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reis, Fernanda	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Spring, TX 77386		
Principal occupation / Job title (See Instructions) Commercial Manager		Employer (See Instructions) TechnipFMC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/66 Rpt: 57/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reis, Fernanda	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386		
<b>8</b> Principal occupation / Job title (See Instructions) Commercial Manager		<b>9</b> Employer (See Instructions) TechnipFMC
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosario, Audrey	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russo, Erica	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russo, Erica	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russo, Erica	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/66 Rpt: 58/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russo, Erica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rowlett, TX 75089	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager, Technical Support		<b>9</b> Employer (See Instructions) Mitel
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russo, Erica <hr/> Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russo, Erica <hr/> Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setters, Susan <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setters, Susan <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/66 Rpt: 59/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setters, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setters, Susan <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setters, Susan <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setters, Susan <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simpson, kristin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) mom		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/66 Rpt: 60/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731		
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Self
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/66 Rpt: 61/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731		
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Self
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Amy Broline	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Roots Residential Group
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes, Lynn	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  BOERNE, TX 78006		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes, Lynn	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  BOERNE, TX 78006		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes, Lynn	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  BOERNE, TX 78006		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/66 Rpt: 62/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78006	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes, Lynn <hr/> Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes, Lynn <hr/> Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 60/66 Rpt: 63/75
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) Taylor Family
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/66 Rpt: 64/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Dalsem, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/66 Rpt: 65/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkoviak, Andrea	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433		
<b>8</b> Principal occupation / Job title (See Instructions) Project Manager		<b>9</b> Employer (See Instructions) Leadgen Direct
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weachter, Regina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Sahm		Employer (See Instructions) Sahm
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weachter, Regina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Sahm		Employer (See Instructions) Sahm
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weachter, Regina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Sahm		Employer (See Instructions) Sahm
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weachter, Regina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Sahm		Employer (See Instructions) Sahm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/66 Rpt: 67/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welborn, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hutto, TX 78634	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Election Integrity		<b>9</b> Employer (See Instructions) Direct Action Texas
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welborn, Christine <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Director of Election Integrity		Employer (See Instructions) Direct Action Texas
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welborn, Christine <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Director of Election Integrity		Employer (See Instructions) Direct Action Texas
Date 01/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wester, Kristin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Stay at home
Date 02/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wester, Kristin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Stay at home

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/66 Rpt: 68/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wester, Kristin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Mom		<b>9</b> Employer (See Instructions) Stay at home
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wester, Kristin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Stay at home
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wester, Kristin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Stay at home
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wester, Kristin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Stay at home
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/66 Rpt: 69/75
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$15.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) 809 at Vickery
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$) <span style="float:right">\$15.00</span>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$) <span style="float:right">\$15.00</span>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$) <span style="float:right">\$15.00</span>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$) <span style="float:right">\$15.00</span>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 70/75	<b>2</b> FILER NAME Texans for Vaccine Choice PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/20/2023	<b>5</b> Payee name Apple Store #R085	
<b>6</b> Amount (\$) \$1,852.88  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2901 S. Capital of Texas Hwy  Austin, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2023	Payee name Critical Mass	
Amount (\$) \$3,065.13  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 697 W 2200 N  Centerville, UT 84014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Services Retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2023	Payee name Frost Bank	
Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 71/75	<b>2</b> FILER NAME Texans for Vaccine Choice PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/28/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2023	Payee name Frost Bank	
Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2023	Payee name Frost Bank	
Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 72/75	<b>2</b> FILER NAME Texans for Vaccine Choice PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/31/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Frost Bank	
Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2023	Payee name Hardin Computer	
Amount (\$) \$897.39  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5801 W Interstate 20 #330  Arlington, TX 76017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 73/75	<b>2</b> FILER NAME Texans for Vaccine Choice PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080099
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<b>4</b> Date 01/17/2023	<b>5</b> Payee name Raise the Money
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<b>6</b> Amount (\$) \$0.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2023	Payee name Raise the Money
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Amount (\$) \$55.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2023	Payee name Raise the Money
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Amount (\$) \$0.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 74/75	<b>2</b> FILER NAME Texans for Vaccine Choice PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080099
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<b>4</b> Date 03/14/2023	<b>5</b> Payee name Raise the Money
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<b>6</b> Amount (\$) \$0.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name Raise the Money
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Amount (\$) \$30.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/14/2023	Payee name Raise the Money
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Amount (\$) \$0.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 75/75	<b>2</b> FILER NAME Texans for Vaccine Choice PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080099
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<b>4</b> Date 04/17/2023	<b>5</b> Payee name Raise the Money
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<b>6</b> Amount (\$) \$35.74	<b>7</b> Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/14/2023	Payee name Raise the Money
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Amount (\$) \$0.25	Payee address; City; State; Zip Code PO Box 26466  Little Rock, TX 72221
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2023	Payee name Thomas Graphics, Inc.
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Amount (\$) \$811.88	Payee address; City; State; Zip Code PO Box 142226  Austin, TX 78714
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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