

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00018807	2 Total pages filed: 131
3 COMMITTEE NAME State COPE Fund		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 12727 Austin, TX 78711		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Rick NICKNAME LAST SUFFIX Levy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1106 Lavaca Suite 200 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-6195		
9 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		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <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

12 COMMITTEE NAME State COPE Fund	13 Filer ID (Ethics Commission Filers) 00018807
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,173.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 156.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 56,660.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Rick Levy

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

17 COMMITTEE NAME State COPE Fund		18 Filer ID (Ethics Commission Filers) 00018807
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,068.48
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 104.67
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	\$ 156.26
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/124 Rpt: 4/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/124 Rpt: 5/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/124 Rpt: 6/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Dennis (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75203	
8 Principal occupation / Job title (See Instructions) Auto Worker		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77078	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77078	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77078	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77078	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/124 Rpt: 7/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77078	
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77078	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, John (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Naples, TX 75568	
Principal occupation / Job title (See Instructions) Union Staff		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/124 Rpt: 8/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Earlysville, VA 22936	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/124 Rpt: 9/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Kirbyville, TX 75956	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sheet Metal Worker		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/124 Rpt: 10/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kirbyville, TX 75956	
8 Principal occupation / Job title (See Instructions) Sheet Metal Worker		9 Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordovsky, Stanley	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77064	
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Del	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Midland, TX 79707	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77093	
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77093	
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/124 Rpt: 11/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Houston, TX 77093		
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77093		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77093		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77093		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, David (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/124 Rpt: 12/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, David (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Union Representative		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/124 Rpt: 13/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Clara <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/124 Rpt: 14/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Hurst, TX 76053	
8 Principal occupation / Job title (See Instructions) Transportation		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78754	
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/124 Rpt: 15/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78754	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Labor Union Staff		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/124 Rpt: 16/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Waco, TX 76702		
8 Principal occupation / Job title (See Instructions) Postal Clerk		9 Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Waco, TX 76702		
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Waco, TX 76702		
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Waco, TX 76702		
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Waco, TX 76702		
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/124 Rpt: 17/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Rachel <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78213	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Worker		9 Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez-Thompson, Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78239	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/124 Rpt: 18/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code League City, TX 77573		
8 Principal occupation / Job title (See Instructions) Insulator		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/124 Rpt: 19/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78249	
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Campo, TX 77437	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/124 Rpt: 20/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> 6 Contributor address; City; State; Zip Code El Campo, TX 77437	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code El Campo, TX 77437	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code El Campo, TX 77437	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code El Campo, TX 77437	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code El Campo, TX 77437	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/124 Rpt: 21/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Jeff (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Government Worker		9 Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mary E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78227	
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Leslie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, TX 77517	
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/124 Rpt: 22/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78749	
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/124 Rpt: 23/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delp, Bo <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delp, Bo <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/124 Rpt: 24/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Leslie F. <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/124 Rpt: 25/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/124 Rpt: 26/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Orange, TX 77632	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77632	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77632	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77632	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77632	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/124 Rpt: 27/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Orange, TX 77632	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/124 Rpt: 28/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) telephone worker		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Gayle <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/124 Rpt: 29/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78754	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Labor Representative		9 Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/124 Rpt: 30/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Hutto, TX 78634	
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pryor, OK 74361	
Principal occupation / Job title (See Instructions) Union staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/124 Rpt: 31/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Pryor, OK 74361	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union staff		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.) <hr/> Contributor address; City; State; Zip Code Pryor, OK 74361	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union staff		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.) <hr/> Contributor address; City; State; Zip Code Pryor, OK 74361	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union staff		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.) <hr/> Contributor address; City; State; Zip Code Pryor, OK 74361	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union staff		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.) <hr/> Contributor address; City; State; Zip Code Pryor, OK 74361	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/124 Rpt: 32/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulbright, Lewis <hr/> 6 Contributor address; City; State; Zip Code Duncanville, TX 75137	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galupi, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1963	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) machinist		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galupi, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) machinist		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/124 Rpt: 33/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> 6 Contributor address; City; State; Zip Code Crosby, TX 77532	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/124 Rpt: 34/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fleet Service Clerk		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/124 Rpt: 35/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Jonathan B. (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Suzan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76111	
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76111	
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76111	
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/124 Rpt: 36/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrical		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/124 Rpt: 37/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Aircraft Maintenance		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/124 Rpt: 38/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> 6 Contributor address; City; State; Zip Code Hallsville, TX 75650	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/124 Rpt: 39/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, David (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Electrical Worker		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Deputy Director		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Deputy Director		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Deputy Director		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Deputy Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/124 Rpt: 40/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Deputy Director		9 Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/124 Rpt: 41/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Michael	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/124 Rpt: 42/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Cable Splicer		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/124 Rpt: 43/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lead Field Organizer		9 Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/124 Rpt: 44/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78626	
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ryan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75227	
Principal occupation / Job title (See Instructions) Driver/Dock Worker		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ryan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75227	
Principal occupation / Job title (See Instructions) Driver/Dock Worker		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ryan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75227	
Principal occupation / Job title (See Instructions) Driver/Dock Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/124 Rpt: 45/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ryan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75227	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Driver/Dock Worker		9 Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Driver/Dock Worker		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/124 Rpt: 46/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/124 Rpt: 47/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/124 Rpt: 48/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> 6 Contributor address; City; State; Zip Code Aubrey, TX 76227	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/124 Rpt: 49/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75357	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/124 Rpt: 50/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75357	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/124 Rpt: 51/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/124 Rpt: 52/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> 6 Contributor address; City; State; Zip Code Adkins, TX 78101	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ruthie <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/124 Rpt: 53/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Waco, TX 76710		
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waco, TX 76710		
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waco, TX 76710		
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waco, TX 76710		
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waco, TX 76710		
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/124 Rpt: 54/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/124 Rpt: 55/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Staff		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/124 Rpt: 56/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77065	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) sheetmetal worker		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/124 Rpt: 57/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kneupper, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/124 Rpt: 58/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Vidor, TX 77662		
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Vidor, TX 77662		
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Vidor, TX 77662		
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Vidor, TX 77662		
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Vidor, TX 77662		
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/124 Rpt: 59/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> 6 Contributor address; City; State; Zip Code Vidor, TX 77662	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahner, Greg (Mr.) <hr/> Contributor address; City; State; Zip Code LaMarque, TX 77568	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry, Richard <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Official		Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Pat <hr/> Contributor address; City; State; Zip Code Perrin, TX 76486-7624	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lantz, Elaine & Gene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/124 Rpt: 60/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/124 Rpt: 61/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/124 Rpt: 62/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Phillip (Mr.) <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/124 Rpt: 63/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/124 Rpt: 64/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) union official		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Specialist		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/124 Rpt: 66/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> 6 Contributor address; City; State; Zip Code Graham, TX 76450	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Conrad D. <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/124 Rpt: 67/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75217	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communication Worker		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75217	
8 Principal occupation / Job title (See Instructions) Communication Worker		9 Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDuffie, Sylvia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/124 Rpt: 69/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/124 Rpt: 70/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/124 Rpt: 71/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Auto Worker		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/124 Rpt: 72/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller, Becky (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/124 Rpt: 73/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Kyle, TX 78640		
8 Principal occupation / Job title (See Instructions) Mobilization Coordinator		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75233		
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75233		
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75233		
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75233		
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/124 Rpt: 74/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75233	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) letter carrier		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/124 Rpt: 75/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75062	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Auto Worker		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/124 Rpt: 76/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Missouri City, TX 77489	
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) labor rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/124 Rpt: 77/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) labor rep		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) labor rep		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) labor rep		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) labor rep		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) labor rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/124 Rpt: 78/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsak, Ronnie <hr/> 6 Contributor address; City; State; Zip Code Danbury, TX 77534	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Operating Engineer		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/124 Rpt: 79/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Chief of Staff		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/124 Rpt: 80/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) State Campaign Coordinator		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Tony <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retiree Cordinator		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/124 Rpt: 81/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> 6 Contributor address; City; State; Zip Code South Houston, TX 77587	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Longshoreman		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/124 Rpt: 82/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/124 Rpt: 83/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Groves, TX 77619	
8 Principal occupation / Job title (See Instructions) Electrical Worker		9 Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Electrical Worker		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Electrical Worker		Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Electrical Worker		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/124 Rpt: 84/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Citizenship Coordinator		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/124 Rpt: 85/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/124 Rpt: 86/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77219	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77219	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77219	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77219	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/124 Rpt: 87/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston, TX 77219		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77219		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local 68 PAC Fund	Amount of Contribution (\$) \$1,750.00
Contributor address; City; State; Zip Code Houston, TX 77249-8746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/124 Rpt: 88/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Labor Liaison		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Union Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/124 Rpt: 89/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Union Organizer		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.) <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.) <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.) <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.) <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/124 Rpt: 90/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bullard, TX 75757	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Edward	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) bus driver		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77044-2672	
Principal occupation / Job title (See Instructions) Admin Asst.		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77044-2672	
Principal occupation / Job title (See Instructions) Admin Asst.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/124 Rpt: 91/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044-2672	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Admin Asst.		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Admin Asst.		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Admin Asst.		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Admin Asst.		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, James (Mr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/124 Rpt: 92/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, James (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76015	
8 Principal occupation / Job title (See Instructions) Communications Worker		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, James (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, James (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, James (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)
Date 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Crowley, TX 76036	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/124 Rpt: 93/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/124 Rpt: 94/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/124 Rpt: 95/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Crowley, TX 76036		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Crowley, TX 76036		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Richard	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Chehalis, WA 98532		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosas, Andy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rusk, TX 75785		
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/124 Rpt: 96/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> 6 Contributor address; City; State; Zip Code Rusk, TX 75785	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Laundry Manager		9 Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/124 Rpt: 97/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Del Rio, TX 78840	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvatore, Bob (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Converse, TX 78109	
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/124 Rpt: 98/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvatore, Bob (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Converse, TX 78109	
8 Principal occupation / Job title (See Instructions) Labor Representative		9 Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/124 Rpt: 99/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Environmental Protection Specialist		9 Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00004325) Seafarers Political Activity Donation <hr/> Contributor address; City; State; Zip Code Camp Springs, MD 20746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00004325) Seafarers Political Activity Donation <hr/> Contributor address; City; State; Zip Code Camp Springs, MD 20746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/124 Rpt: 100/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/124 Rpt: 101/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Michael <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/124 Rpt: 102/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) union staff		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/124 Rpt: 103/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> 6 Contributor address; City; State; Zip Code West Columbia, TX 77486	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/124 Rpt: 104/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald 6 Contributor address; City; State; Zip Code Dallas, TX 75232	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Consultant		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/124 Rpt: 105/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Association Director		9 Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.) Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/124 Rpt: 106/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) Accounting		9 Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Roy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75707	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/124 Rpt: 107/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/124 Rpt: 108/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/124 Rpt: 109/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pflugerville, TX 78660		
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Forney, TX 75126		
8 Principal occupation / Job title (See Instructions) Account Rep.		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Forney, TX 75126		
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Forney, TX 75126		
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Arlington, TX 76017	
8 Principal occupation / Job title (See Instructions) Union Worker		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77011	
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/124 Rpt: 113/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77011	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Rep		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Bill (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75701	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Business Rep		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Business Rep		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Business Rep		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Business Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76108	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Business Rep		9 Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Rep		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/124 Rpt: 116/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Machinist		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77049	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Journeyman Electrician		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/124 Rpt: 119/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wakefield, Ellen (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Watauga, TX 76148-3405	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76018	
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76018	
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76018	
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76018	
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Rep.		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> 6 Contributor address; City; State; Zip Code Terrell, TX 75160	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Clayton <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Union Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/124 Rpt: 123/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Linda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/124 Rpt: 124/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insulator		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/124 Rpt: 125/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Manager		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/124 Rpt: 126/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76710	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/124 Rpt: 127/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Union Member		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 128/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/13/2023	5 Corporation / Labor Organization name Texas AFL-CIO	6 Amount (\$) 95.15
Date 01/17/2023	Corporation / Labor Organization name Texas AFL-CIO	Amount (\$) 9.52

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 129/131	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/03/2023	5 Payee name Elavon	
6 Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
8 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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/02/2023	Candidate/Officeholder name Elavon	
Office sought Office held		
4 Date 02/02/2023	5 Payee name Elavon	
6 Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
8 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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2023	Candidate/Officeholder name Elavon	
Office sought Office held		
4 Date 03/02/2023	5 Payee name Elavon	
6 Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
8 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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2023	Candidate/Officeholder name Elavon	
Office sought Office held		
4 Date 03/02/2023	5 Payee name Elavon	
6 Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
8 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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2023	Candidate/Officeholder name Elavon	
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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 130/131	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
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4 Date 04/03/2023	5 Payee name Elavon
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6 Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920
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8 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 Credit Card Processing Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/02/2023	Payee name Elavon
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Amount (\$) \$29.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920
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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 Credit Card Processing 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 06/02/2023	Payee name Elavon
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Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920
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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 Credit Card Processing 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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 131/131
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2023	5 Name of person from whom amount is received Kat Marvel Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77058	
	7 Purpose for which amount is received lost check dated 7/21/22 <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2023	Name of person from whom amount is received Keith Henry Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Texas City, TX 77592	
	Purpose for which amount is received lost check dated 7/21/22 <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2023	Name of person from whom amount is received Stephanie Morales Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77043	
	Purpose for which amount is received lost check dated 7/21/22 <input checked="" type="checkbox"/> Check if political contribution returned to filer	