CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 | Filer ID (Eth | ics Commission Filers) | 2 Total pages filed: | | | OFFICE U | SE ONLY |
|---|-------------------------------------|-------------------------------|--|---|---------------------|--|--------------------|
| | 00087222 | | 42 | | | Date Received | |
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Jennifer K. | | MI | ELECTRONICA 12/13/2023 | LLY FILED |
| | | NICKNAME | LAST | | SUFFIX | | |
| | | Jennie | Birkholz | | | Date Hand-delivered or I | Date Postmarked |
| 4 | ORIGINAL REPORT TYPE | January 15 | Runoff | Othe | r (specify) | | |
| | | X July 15 | Exceeded modified | | | Receipt # | Amount |
| | | 30th day before election | 15th day after camp appointment (office | | | Date Processed | |
| | | 8th day before election | Final Report (Attach | ו C/OH-FR) | | Due riocesseu | |
| 5 | ORIGINAL PERIOD | Month Day Year | | Month Day | Year | Date Imaged | |
| | COVERED | 01/01/2023 | THROUGH | 06/30/2023 | 3 | | |
| 6 | EXPLANATION OF (| | | | | | |
| | I changed the total a | mount to reflect my ending ba | ank statement. | | | | |
| | | | | | | | |
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| | | | | | | | |
| 7 | AFFIDAVIT | | | | | | |
| | | | | ear, or affirm, unde correct. | r penalty of perjur | y, that this corrected | report is true |
| | | | Che | ck the box next to a | any and all applica | able statements: | |
| | | | X | Semiannual repo was made in good misrepresent the | d faith and without | r affirm that the origin t an intent to mislead ined in the report. | al report or to |
| | | | X | report not later the | an the 14th busine | n, that I am filing this c ess day after the date naccurate or incompl | l learned |
| | | | | | hat any error or o | mission in the report | |
| | | | | | Mrs. Jennifer k | K. Birkholz | |
| | | | | Sign | ature of Candidate | e or Officeholder | |
| | AFFIX NOTARY ST | AMP / SEAL ABOVE | | | | | |
| | Sworn to and subso | ribed before me, by the said | | | , this t | the | day |
| | | , 20, to certif | | | | | uuy |
| | - | ,, .o ooral | ,,, . | | - | | |
| | Signature of offic | er administering oath | Printed name of of | ficer administering | oath | Title of officer admini | stering oath |
| - | - | • | | 0 | | | - |
| | | Remember To Atta Need | ach Any Part Of led To Report A | | | oort Form | |
| | | | | • | - | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commis | , | 2 Total pages | filed: 42 |
|-------------------------------|-----------------------------|-----------------|------------------------------|--------------------|---------------------|----------------------|
| | | | 00087222 | | | |
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| NAME | Mrs. | Jennifer K. | | | Date Received | |
| | | | | | ELECTRONIC | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | 12/13/2023 | |
| | Jennie | Birkholz | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #: CIT | TY: | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER | 3441 Alexandrite Way | · · · · , · · | , | | | |
| MAILING ADDRESS | | | | | Receipt # | Amount |
| I | | | | | | |
| Change of Address | Round Rock, TX 78681 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | Mrs. | Jennifer K. | | | | |
| NAME | 1410. | oernmer it. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Birkholz | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY; | ST | TATE; ZIP CODE |
| TREASURER ADDRESS | 3441 Alexandrite Way | | | | | |
| ADDRE33 | | | | | | |
| (Residence or Business) | Round Rock, TX 78681 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | NE NUMBER | EXTENSION | | | |
| TREASURER | (512) 581-1938 | | | | | |
| PHONE | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day before | e election | Runoff | 1 15th day after c | ampaign treasurer |
| | | | | | | fficeholder only) |
| | X July 15 | 8th day before | election | Exceeded modified | Final Report (A | ttach C/OH-FR) |
| | | | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2023 | Tł | HROUGH | 06/30/2023 | 3 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | XF | Primary | Runoff | Other | |
| | 03/05/2024 | | | | | |
| | | | Seneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | | | | State Representa | ative District 52 | |
| | | | | | | |
| | 1 | | | 1 | | |
| | | | | | | |
| | | ~~ - | | | | |
| | | GO | FO PAGE 2 | | | |
| Forms provided by Te | exas Ethics Commission | www.et | thics.state.tx.u | S | Ver | sion V3.5.1.0f381ab6 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Birkholz, Jennifer K. (Mrs.)

13 C / OH NAME

FORM C/OH COVER SHEET PG 2 3 of 42

(Ethics Commission Filers)

14 Filer ID

| | | | 00087222 | | |
|--|----------------------------------|---|---------------------------|-----------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information | he candidate's or officeh | older's knowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | S | | |
| | | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 | |
| | 3) | \$ 7,560.00 | | | |
| EXPENDITURE TOTALS | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AST DAY OF THE | \$ 3,309.88 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCI OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD | OF THE LAST DAY | \$ 0.00 | |
| 17 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | | |
| | | Mrs 1 | ennifer K. Birkholz | | |
| | | | Candidate or Officeholde | er | |
| | | | | | |
| | TARY STAMP / SEAL AB | OVE | | | |
| | | said | , this the | day | |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | | |
| Signature of offic | cer administering | Printed name of officer administering | Title of officer a | administering oath | |
| Forms provided by Te | xas Ethics Commissio | n www.ethics.state.tx.us | V | ersion V3.5.1.0f381at | |

| SUBTOTALS - C/OH | FORM C/OH OVER SHEET PG 3 4 of 42 | |
|--|---|----------------------------|
| 18 FILER NAME Birkholz, Jennifer K. (Mrs.) | 19 Filer ID 00087222 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 7,560.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 2,156.24 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 895.93 |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ |
| | | |

| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 1/24 Rpt: 5/42 | | |
|----------|---|--|---------------------------------------|---|-----------------------------|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ו Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 05/19/2023 | Ahmed, Sarah | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | - |
| | | Contributor address, Orty, State, Zip Code | | | | |
| | | | | | | |
| | | Round Rock, TX 78681 | | | | |
| 8 | Principal occu | | 9 Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Genetic cour | | Labcorp | , | | |
| ╞ | | | · · · · · · · · · · · · · · · · · · · | — | Amount of Contribution (\$) | |
| | Date 06/19/2023 | |) | | Amount of Contribution (\$) | ¢5.00 |
| | 00/19/2023 | Ahmed, Sarah | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Dound Dook TV 70601 | | | | |
| \vdash | Round Rock, TX 78681 | | | Ļ | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | 5) | | |
| | | Genetic counselor Labcorp | | | | |
| | Date | — |) | | Amount of Contribution (\$) | |
| | 05/23/2023 | Allison, Carolyn | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | HouSton, TX 77025 | - | | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Educational | consultant | Self | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/09/2023 | Ancira, Jenny | | | | \$25.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78664 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | CIS | 1 | American Cancer Societ | ty | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/24/2023 | Arnold, Brenda | , | | , | \$10.00 |
| | Contributor address; City; State; Zip Code | | | | | Ŧ = |
| | | | | | | |
| | | | | | | |
| | | Pearland, TX 77581 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Travel agent | | Travel with the magic | , | | |
| \vdash | | / | J | | | |
| | | | | | | |

| SCHEDULE | A1 |
|----------|----|
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| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 2/24 Rpt: 6/42 | | |
|----------|---------------------------|---|--|---|-----------------------------|----------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | 00087222 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/01/2023 | Bailey, Chad | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78665 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Not Employed Not Employed | | | | | |
| | Date | Date Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | |
| | 05/23/2023 | | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Fort Worth, TX 76126 | • | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Teacher | | FWISD | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/23/2023 | Bearce, Amy | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Cobosta TV 20154 | | | | |
| \vdash | Dringing oog | Schertz, TX 78154 | | | | |
| | freelance wr | ipation / Job title (See Instructions) iter | Employer (See Instructions Amy Bearce | Э Э | | |
| ╞ | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | <u>ቀ</u> ጋር 00 |
| | 05/23/2023 | Becker, Bethany | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Hutto, TX 78634 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ل ۱) | | |
| | Not Employe | | Not Employed | 9 | | |
| ╞ | Date | | | — | Amount of Contribution (\$) | |
| | 06/10/2023 | Full name of contributor out-of-state PAC (ID#: Bennett, Carolyn |) | | | \$10.00 |
| | 00/10/2020 | Contributor address; City; State; Zip Code | | | | Ψ10.00 |
| | | Continuation address, City, State, Lip Code | | | | |
| | | | | | | |
| | | Temple, TX 76504 | | | | |
| \vdash | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Not Employe | | Not Employed | , | | |
| \vdash | | | | | | |
| | | | | | | |

| The Instru | ction Guide explains how to comple | e this form. 1 Total pages Schedule A1: Sch: 3/24 Rpt: 7/42 |
|--------------------|---|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Birkholz, Jer | nnifer K. (Mrs.) | 00087222 |
| 4 Date 05/25/2023 | 5 Full name of contributor out-of-state Birkholz, Howard | PAC (ID#:) 7 Amount of Contribution (\$) \$500.00 |
| | | |
| | Temple, TX 76502 | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions) |
| Not Employe | 2d | Not Employed |
| Date | Full name of contributor out-of-state | PAC (ID#:) Amount of Contribution (\$) |
| 04/07/2023 | Birkholz, Jennie | \$25.00 |
| | Contributor address; City; State; Zip Code | |
| | | |
| | | |
| | Round Rock, TX 78681 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |
| Owner | | Breakwater Light |
| Date | Full name of contributor out-of-state | PAC (ID#:) Amount of Contribution (\$) |
| 05/07/2023 | Birkholz, Jennie | \$25.00 |
| | Contributor address; City; State; Zip Code | |
| | | |
| | | |
| | Round Rock, TX 78681 | |
| - | pation / Job title (See Instructions) | Employer (See Instructions) |
| Owner | | Breakwater Light |
| Date | Full name of contributor out-of-state | PAC (ID#:) Amount of Contribution (\$) |
| 05/25/2023 | Birkholz, Kay | \$500.00 |
| | Contributor address; City; State; Zip Code | |
| | | |
| | Temple, TX 76502 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |
| Director | | First United Methodist Church |
| | Full name of contributor | |
| Date 04/28/2023 | Full name of contributor out-of-state Blackard, Patrick M | PAC (ID#:) Amount of Contribution (\$) \$25.00 |
| 04/20/2020 | | Ψ23.00 |
| | Contributor address; City; State; Zip Code | |
| | | |
| | Round Rock, TX 78681 | |
| Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions) |
| Videographe | | Self |
| | | |
| | | |

| SCHEDULE | A1 |
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| The Instru | iction Guide explains how to complete this f | 1 Total pages Schedule A1: Sch: 4/24 Rpt: 8/42 | |
|----------------|--|---|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Birkholz, Je | nnifer K. (Mrs.) | | 00087222 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 05/20/2023 | — | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Round Rock, TX 78681 | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Videographe | er | Self | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/29/2023 | Born, Laureen | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Georgetown, TX 76527 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | S) |
| Not Employ | | Not Employed | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/08/2023 | 02/08/2023 Bowen, Claire | | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Atlanta, GA 30327 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> |
| Not Employ | | Not Employed | <i>,</i> |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 06/28/2023 | Brewer, Jennifer | | \$25.00 |
| 00/20/2020 | Contributor address; City; State; Zip Code | | +20.00 |
| | Contributor address, City, State, Zip Code | | |
| | | | |
| | San Angelo, TX 76904 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Teacher | | Olfen ISD | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/08/2023 | Cambrelen, Monifa | | \$50.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Round Rock, TX 78681 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | 6) |
| Technology | Manager | State Farm | |
| | | | |
| | | | |

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|---|----------------|---|-----------------|------------------------------|----------------|---|----------------|
| | The Instru | ction Guide explains how to com | plete this fo | vrm. | 1 | Total pages Schedule A1: Sch: 5/24 Rpt: 9/42 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | nnifer K. (Mrs.) | | | | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-s | state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/20/2023 | Cambrelen, Monifa | | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Co | ode | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | ! | 9 Employer (See Instructions | 5) | | |
| | Technology | Manager | | State Farm | | | |
| | Date | Full name of contributor out-of-s | state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/23/2023 | Caulkins, Tennille | | | | | \$5.00 |
| | | | | | | | · |
| | | | Juc | | | | |
| | | | | | | | |
| | | Katy, TX 77493 | | | | | |
| | Princinal occu | upation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ເ) | | |
| | Not Employe | , | | Not Employed | , | | |
| | | | | | <u>г</u> | | |
| | Date | | state PAC (ID#: |) | | Amount of Contribution (\$) | * 25 00 |
| | 06/29/2023 | Chang, Judy | | | | | \$25.00 |
| | | Contributor address; City; State; Zip Co | de | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| | | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Physician | | | Premise health | | | |
| | Date | Full name of contributor out-of-s | state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2023 | Charron, Courtney | | | | | \$30.00 |
| | | Contributor address; City; State; Zip Co | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Round Rock, TX 78665 | | | | | |
| | Principal occu | I Ipation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Nurse | | | Bluebonnet Trails Com | | nitv Services | |
| | | Full name of contributor | | | Г | - | |
| | Date | | state PAC (ID#: |) | | Amount of Contribution (\$) | ቀንፍ በበ |
| | 05/24/2023 | Chetlin, Cecily | | | 1 | | \$25.00 |
| | | Contributor address; City; State; Zip Co | de | | | | |
| | | | | | | | |
| | | | | | | | |
| | | FRISCO, TX 75035 | | | | | |
| | | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | IT Project Ma | anager | | Volt | | | |
| | | | · · · · · | | | | |
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|---|-------------------------|---|--|------------------|--|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/24 Rpt: 10/42 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | | nnifer K. (Mrs.) | | | 00087222 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/10/2023 | Cobb, Amy | | | | \$25.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| Ļ | | Pflugerville, TX 78660 | 1 <u>-</u> - , , , , , , , , , , , , , , , , , , | Ĺ | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| L | Accountant | | We Are Blood | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/23/2023 | Coindreau, Patricia | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | 0 | | | | |
| ∟ | Duin sized easy | Georgetown, TX 78626-2041 | | ŕ | | |
| | Principal occu Nurse | upation / Job title (See Instructions) | Employer (See Instructions St Davids | 5) | | |
| L | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/23/2023 | Collazo, Erika | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Seguin, TX 78155 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ال</u> | | |
| | Not Employe | | Not Employed | '' | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 06/16/2023 | Cordes, Helen | | | | \$50.00 |
| | 00/10/2020 | | | | | Ψ30.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Georgetown, TX 78626 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ل</u> ے 3) | | |
| | Not Employe | | Not Employed | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 05/25/2023 | Cornell, Kelly | | | · · · · · · · · · · · · · · · · · · · | \$25.00 |
| | I | Contributor address; City; State; Zip Code | , | ł | | |
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| | | | | | | |
| | | Bedford, TX 76021 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Musician | , | Fort Worth Symphony | | | |
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| | The Instru | ction Guide explains how to co | omplete this fc | orm. | 1 | Total pages Schedule A1: Sch: 7/24 Rpt: 11/42 | |
|---|----------------------------|--|-----------------------|---|----------|--|---|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| - | | nnifer K. (Mrs.) | | | | 00087222 | /////////////////////////////////////// |
| 4 | Date | 5 Full name of contributor 🗌 out | ut-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/03/2023 | Costenbader, Andrew | | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip | p Code | | | | |
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| Ļ | Dringing oog | Round Rock, TX 78681 | r | 2 Employer (Coo Instructions | <u> </u> | | |
| 8 | Principal occu Director | Ipation / Job title (See Instructions) | ; | 9 Employer (See Instructions Microsoft |) | | |
| ╞ | | | I | | | | |
| | Date | | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ±100.00 |
| | 05/24/2023 | Crawford, Carol | | | | | \$100.00 |
| | | Contributor address; City; State; Zip | p Code | | | | |
| | | | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| - | Principal occu | pation / Job title (See Instructions) | T | Employer (See Instructions |) | | |
| | Not Employe | | | Not Employed | , | | |
| ⊨ | Date | Full name of contributor out | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/09/2023 | Davis, Zach | 1-01 State 1 / C (.2 | / | | | \$100.00 |
| | | Contributor address; City; State; Zig | in Code | | | | • |
| | | | pecce | | | | |
| | | | | | | | |
| | | Austin, TX 78702 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Dabbler | | | Self | | | |
| | Date | Full name of contributor | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/08/2023 | Davis Manning, Libby | | | | | \$100.00 |
| | | Contributor address; City; State; Zip | p Code | | | | |
| | | | | | | | |
| | | Anderson IN 46011 | | | | | |
| ┝ | Drincinal occu | Anderson, IN 46011 Ipation / Job title (See Instructions) | T | Employer (See Instructions | <u>ا</u> | | |
| | Program Dire | | | Wabash College |) | | |
| ╞ | Date | | | | | Amount of Contribution (\$) | |
| | 06/06/2023 | Desai, Nimish | ut-of-state PAC (ID#: |) | | | \$100.00 |
| | 00/00/2020 | Contributor address; City; State; Zig | in Code | | | | Ψ 1 00.00 |
| | | | h cone | | | | |
| | | | | | | | |
| | | Houston, TX 77018 | | | | | |
| ⊢ | Principal occu | Ipation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Lawyer | | | Lieff Cabraser Heimann | & | Bernstein LLP | |
| | | | | | | | |
| 1 | | | | | | | |

| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 8/24 Rpt: 12/42 | |
|----------|---------------|--|------------------------------|----|--|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | nnifer K. (Mrs.) | | | 00087222 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | :) | 7 | Amount of Contribution (\$) | |
| | 06/06/2023 | Desai, Seema | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78681 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Certified coa | ch/speaker/author | Seema Desai DDS PLL | C | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 06/01/2023 | Dower, Carolyn | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78726 | i | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | retired nurse | | none | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 05/24/2023 | Duchon, Lisa | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78751 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor Out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 06/23/2023 | FITZWATER, Linda | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Cedar Park, TX 78613 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 06/10/2023 | Fielding, Carol | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
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| \vdash | | ROUND ROCK, TX 78681 | Ĺ | | | |
| I | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| L | Not Employe | 20 | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/24 Rpt: 13/42 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/08/2023 | Gaston, Maria Teresa | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | 1 | | | | |
| | | 1 | | | | |
| | | Durham, NC 27707 | | | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | _ |
| | Educator | | Duke University | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 05/18/2023 | Grimaldi, Rebecca | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | 1 | | | | |
| | | 1 | | | | |
| | | austin, TX 78750 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Writer | 1 | Self | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/18/2023 | Guerra, Andrea | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | Round Rock, TX 78665 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u>.</u> s) | | |
| | Not Employe | ed la | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 06/15/2023 | Hailey, Brooke | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | 1 | | | | |
| | | Round Rock, TX 78681 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Slaes |) | SAP | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | | Τ | Amount of Contribution (\$) | |
| | 06/25/2023 | Hall, John | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | 1 | | | | |
| | | Austin, TX 78750 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Retired | 1 | none | | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/24 Rpt: 14/42 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | | nnifer K. (Mrs.) | | | 00087222 | - |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/19/2023 | Hardy, Ross | | | · · · · · · · · · · · · · · · · · · · | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | ł | | |
| | | | I | | | |
| | | | I | | | |
| | | Round Rock, TX 78681 | | | | |
| 8 | Principal occu | I upation / Job title (See Instructions) | 9 Employer (See Instructions | <u>∟</u> 3) | | |
| | Not Employe | | Not Employed | , | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 06/09/2023 | Haude, Shay Bisbee | / | | Allount of Contribution (4) | \$5.00 |
| | 0010012020 | - | | • | | ψ0.00 |
| | | Contributor address; City; State; Zip Code | I | | | |
| | | | I | | | |
| | | Pflugerville, TX 78660 | I | | | |
| ┝ | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u>ال</u> | | |
| | Teacher | | PfISD | <i></i> , | | |
| ⊢ | | | | — | | |
| | Date | — |) | | Amount of Contribution (\$) | ۵ ۲ ۵۵ |
| | 06/23/2023 | | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | I | | | |
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| \vdash | Drizoinal agai | Pflugerville, TX 78660 | | | | |
| | Teacher | ipation / Job title (See Instructions) | Employer (See Instructions PfISD | 5) | | |
| L | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/12/2023 | Hensley, Robert | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
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| | | | | | | |
| | | Taylor, TX 76574 | 1 | L | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Lawyer | | State of Texas | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 05/27/2023 | Hensley, Robert | l | | | \$20.00 |
| | Contributor address; City; State; Zip Code | | | 1 | | |
| | | | I | | | |
| | | | I | | | |
| | | Taylor, TX 76574 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Lawyer | | State of Texas | | | |
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| The Instru | iction Guide explains how to complete this f | örm. | 1 Total pages Schedule A1: Sch: 11/24 Rpt: 15/42 |
|----------------------|---|-------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Birkholz, Jer | nnifer K. (Mrs.) | | 00087222 |
| 4 Date 06/08/2023 | 5 Full name of contributor out-of-state PAC (ID#: Hermans, Emily |) | 7 Amount of Contribution (\$) \$25.0 |
| | 6 Contributor address; City; State; Zip Code | | |
| | AUSTIN, TX 78753-5806 | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions) | |
| Museum Sp | ecialist | Texas Historical Commis | ssion |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/09/2023 | Hewson, Cassea | | \$25.0 |
| | Contributor address; City; State; Zip Code | | |
| | Round Rock, TX 78681 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| Ehr consulta | ant | VSR | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/28/2023 | Hosey, Sonya | | \$25.0 |
| | Contributor address; City; State; Zip Code Pflugerville, TX 78660 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| Self Employ | ed | Sonya Hosey | |
| Date 06/09/2023 | Full name of contributor out-of-state PAC (ID#:_ Housworth, Jack Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$50.0 |
| | Burnet, TX 78611 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| Social worke | er | Bluebonnet Trails | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/09/2023 | Howell, Glenna | | \$50.0 |
| | Contributor address; City; State; Zip Code Taylor, TX 76574 | | |
| Principal occı | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| Not Employe | | Not Employed | , , |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this | ; form. | 1 | Total pages Schedule A1: Sch: 12/24 Rpt: 16/42 | |
|---|----------------|--|------------------------------|----|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | #:) | 7 | Amount of Contribution (\$) | |
| | 05/18/2023 | Jeffery, Margaret | | | | \$100.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Seguin, TX 78155 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | CEO | | Gulf Coast Center | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID# | #:) | Ī | Amount of Contribution (\$) | |
| | 06/02/2023 | Jefts, Richard | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Cedar Park, TX 78613 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Software Eng | gineer | Cvent | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | #:) | Τ | Amount of Contribution (\$) | |
| | 06/24/2023 | Jerry, Secrest | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
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| | I | | | | | |
| | I | Temple, TX 76501 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | ed diamond and a second s | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID# | #:) | Γ | Amount of Contribution (\$) | |
| | 05/23/2023 | Kehlenbach, Katie | | | | \$25.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | · · · · · · · · · · · · · · · · · · · | | | | |
| | I | | | | | |
| | I | Round Rock, TX 78665 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | ed . | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID# | | Τ | Amount of Contribution (\$) | |
| | 05/23/2023 | Kehlenbach, Katie | | | | \$10.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
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| | l | Round Rock, TX 78665 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
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| | The Instru | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 13/24 Rpt: 17/42 | |
|---|----------------|--|------------------------------|----|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/23/2023 | Kehlenbach, Katie | | | | \$10.00 |
| | l | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | 1 | | | | |
| | | Round Rock, TX 78665 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Not Employe | }d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | ·) | Γ | Amount of Contribution (\$) | |
| | 06/08/2023 | Kern, Suzy | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | I | 1 | | | | |
| | I | 1 | | | | |
| | | Leander, TX 78641 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Lower | | mortgage | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/23/2023 | Kershner, Bridgette | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | I | 1 | | | | |
| | | Austin, TX 78750 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Free lance m | nusic teacher | Self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/12/2023 | Kizer, Kathryn | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | 1 | | | | |
| | I | | | | | |
| | <u> </u> | Austin, TX 78750 | | Ĺ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | 1 | Not Employed | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2023 | Kizer, Katie | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | |] | | |
| | l | 1 | | | | |
| | I | | | | | |
| | <u> </u> | Austin, TX 78750 | | Ĺ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ;d | Not Employed | | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | ⁱ orm. | 1 | Total pages Schedule A1: Sch: 14/24 Rpt: 18/42 | |
|---|----------------|---|------------------------------|----------------|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| _ | | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 05/24/2023 | Knight, Mary | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Austin, TX 78759-7338 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/18/2023 | Kondra, Dhanashri | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78759-4502 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | |) | Γ | Amount of Contribution (\$) | |
| | 06/18/2023 | Kondra, Dhanashri | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | Austin, TX 78759-4502 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/23/2023 | LaGrone, Andrea | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| ╘ | | Austin, TX 78723 | 1 | Ļ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Paralegal | | Bio-Techne corporation | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/28/2023 | Laine, Krista | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78759 | | | | |
| | Principal occl | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ג) | | |
| | Not Employe | | Not Employed | -, | | |
| ┝ | | <u> </u> | | | | |
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| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 15/24 Rpt: 19/42 | |
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| Birkholz, Jen | nnifer K. (Mrs.) | | | 00087222 | - |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 06/15/2023 | Lauren, Wolf | | | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Austin, TX 78728 | | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| Not Employe | :d | Not Employed | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 06/09/2023 | Leach, Cherlynn | | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Round Rock, TX 78665 | | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| Hr manager | | The designory inc | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 06/27/2023 | Li, Xiaoqin | |] | | \$25.00 |
| | Contributor address; City; State; Zip Code | |] | | |
| | | | | | |
| | Austin TV 70750 | | | | |
| Dringing oggu | Austin, TX 78759 | Employer (Cool Instructions | | | |
| Principal occuj Teacher | pation / Job title (See Instructions) | Employer (See Instructions UT | 5) | | |
| | | | 1 | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | * 10.00 |
| 06/09/2023 | Machajewski, Jennifer | | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Georgetown, TX 78633 | | | | |
| Princinal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| Not Employe | | Not Employed | 5) | | |
| | | | 1 | | |
| Date 06/09/2023 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| 00/09/2023 | Matlock, James | | | | Φ <u></u> Ο.ΟΟ |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Hutto, TX 78634 | | | | |
| Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ג) | | |
| Analyst | | Travis county | , | | |
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| SCHEDULE | A1 |
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| The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 16/24 Rpt: 20/42 |
|----------------|---|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | nnifer K. (Mrs.) | | 00087222 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 Amount of Contribution (\$) |
| 06/09/2023 | McKinney, Sara | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Hutto, TX 78634 | | - |
| | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Prosecutor | | TDLR | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| 06/27/2023 | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Round Rock, TX 78664 | | |
| Princinal occu | ipation / Job title (See Instructions) | Employer (See Instructions | S) |
| Dentist | | Mneg | >) |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 05/23/2023 | Full name of contributor out-of-state PAC (ID#: Mercer, Sherry | \$25.00 | |
| 00/20/2020 | | | |
| | Contributor address, City, State, Zip Code | | |
| | | | |
| | Dallas, TX 75206 | | |
| • | ipation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Finance Dire | ector | BSWH | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/13/2023 | Molis, Rebecca | | \$25.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Round Rock, TX 78681 | | |
| Drincinal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| Program Ma | | Dell | >) |
| Date | - | | Amount of Contribution (\$) |
| 06/13/2023 | Full name of contributor Out-of-state PAC (ID#: Molis, Rebecca |) | \$25.00 |
| 00/10/2020 | Contributor address; City; State; Zip Code | | · |
| | Contributor address, Gity, State, Zip Code | | |
| | | | |
| | Round Rock, TX 78681 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Program Ma | nager | Dell | |
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| | The Instru | ction Guide explains how to | complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 17/24 Rpt: 21/42 | |
|---|----------------|--|------------------------|------------------------------|----------------|---|-----------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | ו Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | | 00087222 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/24/2023 | Molis, Rebecca | - | | | | \$50.00 |
| | I | 6 Contributor address; City; State; 2 | Zip Code | | ł | | |
| | | | | | | | |
| | | | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instructions | <u>.</u> 3) | | |
| | Program ma | nager | | Dell | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/27/2023 | Moreno, Janina | | | | | \$25.00 |
| | I | Contributor address; City; State; 2 | Zip Code | | 1 | | |
| | | - | · | | | | |
| | | | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions | <u>.</u> 3) | | |
| | Banker | | | Pnc | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/24/2023 | Nath, Audrey | | | | | \$100.00 |
| | I | Contributor address; City; State; 2 | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77019 | | | | | |
| | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Neurologist | |) | NMA | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/13/2023 | Orta, Jose | | | | | \$25.00 |
| | I | Contributor address; City; State; 2 | Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Taylor, TX 76574 | | | | | |
| | | upation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | b؛ | | Not Employed | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/09/2023 | Owens, Pamela | | | | | \$100.00 |
| | I | Contributor address; City; State; 2 | Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| | | upation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | CEO | |) | Edge of Your Seat Cons | sult | ing | |
| | | | . <u> </u> | | | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 18/24 Rpt: 22/42 | | |
|---|--|---|------------------------------|---|-----------------------------|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | nnifer K. (Mrs.) | | - | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2023 | Owens, Pamela | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | 7 | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78681 | 1 | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | CEO | | Edge of Your Seat Cons | sult | ting | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/23/2023 | Parker, Becky | | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | Waco, TX 76710 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Professor | | MCC | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/01/2023 | Powell Ricketts, Karah | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Georgetown, TX 78626 | _ | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Developmen | it Director | ROCK | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 05/18/2023 | Probe, Shannon | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78664 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Not Employe | ;d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/18/2023 | Probe, Shannon | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | ······ | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78664 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ;d | Not Employed | | | |
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| The Instru | ction Guide explains how to complete this f | örm. | 1 Total pages Schedule A1: Sch: 19/24 Rpt: 23/42 |
|-----------------------------|---|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Birkholz, Jer | nnifer K. (Mrs.) | | 00087222 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 05/23/2023 | Raburn, Carol | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Arlington, TX 76013 | 1 | <u> </u> |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | 3) |
| Not Employe | 1 | Not Employed | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/20/2023 | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Austin, TX 78728 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | e) |
| Program Ad | | Travis County Sheriff's (| , |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 05/19/2023 | Richardson, Marcia |) | \$500.00 |
| 00,10,101 | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Temple, TX 76502 | | |
| | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| Not Employe | ∋d | Not Employed | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/24/2023 | Robinson, Kimmy | | \$20.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Corrollion TV 7E006 | | |
| Dringinal occu | Carrollton, TX 75006 upation / Job title (See Instructions) | Employer (See Instructions | |
| Principal occu Paralegal | | Wilson Elser Moskowitz | |
| - | | | - |
| Date 05/23/2023 | Full name of contributor out-of-state PAC (ID#: Rooke, Eleanor |) | Amount of Contribution (\$) \$10.00 |
| 00/20/2020 | | | φτ0.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Spring, TX 77386 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) |
| Not Employe | ed | Not Employed | |
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| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 20/24 Rpt: 24/42 | |
|---|----------------|---|-------------------------|-------------------------------------|-----------------|---|-----------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | _ | 00087222 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/09/2023 | Rydell, Julie | | | | | \$25.00 |
| | | 6 Contributor address; City; Sta | | | 1 | | |
| | | | | | | | |
| | | Taylor, TX 76574 | | | | | |
| 8 | Principal occu | Ipation / Job title (See Instructions) | | 9 Employer (See Instructions | <u>ال</u> ج) | | |
| | Assistant | |) | BSW heatlth | " | | |
| — | Date | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 05/30/2023 | Scott, Milda | | / | | | \$25.00 |
| | 00,00,2022 | Contributor address; City; Sta | | | • | | ¥20.00 |
| | | | ale, Zip Coue | | | | |
| | | | | | | | |
| | | Cibolo, TX 78108 | | | | | |
| | Principal occu | I upation / Job title (See Instructions) | ;) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 05/23/2023 | Shieber, Rebecca | | | | | \$10.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | 1 | | |
| | | | · · | | | | |
| | | | | | | | |
| | | Austin, TX 78756 | | | | | |
| | | upation / Job title (See Instructions) | ·) | Employer (See Instructions | 3) | | |
| | Not Employe | | | Not Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/08/2023 | Skalko, Kristin | | | | | \$100.00 |
| | | Contributor address; City; Sta | | | 1 | | |
| | | | | | | | |
| | | Deviad Deale TV 70601 | | | | | |
| ┝ | Dringing ogg | Round Rock, TX 78681 | | | | | |
| | Manager | upation / Job title (See Instructions) |) | Employer (See Instructions Apple | 5) | | |
| ╞ | | | | Арріс | — | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | * 500.00 |
| | 05/12/2023 | Stark, Brenda | | | | | \$500.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Round rock, TX 78681 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | L 5) | | |
| | Not Employe | | , | Not Employed | ., | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 21/24 Rpt: 25/42 | |
|---|--|--|---------------------------------------|-------|---|----------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 05/23/2023 | Stewart, Allison | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | · | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Round Rock, TX 78681 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Epidemiologi | ist | InductiveHealth Informa | atics | ; | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/10/2023 | Stewart, Susan | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | 1 | | | |
| | | | | | | |
| | ľ | | | | | |
| | | Pflugerville, TX 78660 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | ;d | Not Employed | | | |
| | Date | Full name of contributor Dut-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/09/2023 | Thompson, Allison | | | | \$5.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | ļ | | | | | |
| | | Pflugerville, TX 78660 | <u> </u> | Ļ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions Retired | S) | | |
| | Retired | | Relifed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/23/2023 | Thompson, Corey | | | | \$20.00 |
| | ľ | Contributor address; City; State; Zip Code | | | | |
| | ľ | | | | | |
| | ľ | Oak Daint TX 75069 6154 | | | | |
| L | Dringingloggy | Oak Point, TX 75068-6154 | Employer (Cas Instructions | | | |
| | Manager | upation / Job title (See Instructions) | Employer (See Instructions ASPCA | 5) | | |
| ╘ | _ | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | #100.00 |
| | 05/24/2023 | Tiner, Jennifer | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | ľ | Allen, TX 75013 | | | | |
| ⊢ | Drincipal occu | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | HR | | City | 5) | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 22/24 Rpt: 26/42 | | |
|----------|----------------|--|------------------------------|---|---|----------|
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) | |
| | 06/09/2023 | Vanderwerf, Ryan | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | • | | |
| | | | | | | |
| | | | | | | |
| | | Round Rock, TX 78665 | | | | |
| 8 | Principal occu | I upation / Job title (See Instructions) | 9 Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Solutions are | | Amazon | | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u>) | Γ | Amount of Contribution (\$) | |
| | 05/16/2023 | Villarreal, Becky | / | | Allount of contraction (1) | \$10.00 |
| | 00,10,2 | | | • | | +=0 |
| | | Continuation address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Cedar Park, TX 78613-4034 | | | | |
| \vdash | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | 上 5) | | |
| | Teacher | | ACC | | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u>) | Γ | Amount of Contribution (\$) | |
| | 06/02/2023 | Villarreal, Becky | / | | Allount of Contribution (+) | \$5.00 |
| | 00,02,2020 | Contributor address; City; State; Zip Code | | • | | 40.00 |
| | | Culturbutor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Cedar Park, TX 78613-4034 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Teacher | | ACC | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/09/2023 | Villarreal, Becky | | | ••••••••••••••••••••••••••••••••••••••• | \$5.00 |
| | | Contributor address; City; State; Zip Code | | • | | - |
| | | | | | | |
| | | | | | | |
| | | Cedar Park, TX 78613 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | adjunct profe | essor | Austin Community Colle | ege |) | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ | | Γ | Amount of Contribution (\$) | |
| | 02/27/2023 | Wiginton, Melissa | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78705 | | | | |
| | Principal occu | upation / Job title (See Instructions) | 5) | | | |
| | Vice Preside | ent | | | | |
| ┢ | | | <u>I</u> | | | |
| | | | | | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 23/24 Rpt: 27/42 | | |
|----------|----------------|--|--|---|-----------------------------|---------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Birkholz, Jer | nnifer K. (Mrs.) | | | 00087222 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 05/30/2023 | Wright, Donna | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Valley Mills, TX 76689 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Not Employe | | Not Employed | | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#:_ | | Г | Amount of Contribution (\$) | |
| | 06/30/2023 | Wright, Donna |) | | | \$5.00 |
| | 00/00/2020 | | | | | φ0.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Valley Mills, TX 76689 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ב) | | |
| | Not Employe | | Not Employed | , | | |
| ⊢ | | | | T | Amount of Contribution (\$) | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀጋር በበ |
| | 06/09/2023 | | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | PFLUGERVILLE, TX 78660 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ו</u> | | |
| | Hr | | Nerdwallet | 5) | | |
| ╞ | | | | 1 | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀጋር በበ |
| | 06/23/2023 | Yerby, Barbara | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Taylor, TX 76574 | | | | |
| <u> </u> | Dringing occu | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | ipation / Job title (See Instructions) | Employer (See Instructions Not Employed | 5) | | |
| | | | | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | . – |
| | 05/25/2023 | Zimmerman, Nancie | |] | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Moraga, CA 94556 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Jewelry artis | .t | Self | | | |
| | | | | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 24/24 Rpt: 28/42 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Birkholz, Jennifer K. (Mrs.) 00087222 5 Full name of contributor 4 Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 06/28/2023 \$10.00 Zimmerman, Nancie 6 Contributor address; City; State; Zip Code Moraga, CA 94556 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Jewelry Artist NamiZuni Jewelry Design Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2023 \$25.00 carson, Mamie Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|---|------------------------------------|--|---|---------------------------------|--------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fee Foo Gifi umittee Leg | ent Expense es od/Beverage Expense //Awards/Memorials Expense jal Services ee Instruction Guide exp | Office Ov Polling Ex Printing E Salaries/V | Expense Wages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/8 Rpt: 29/42 | Birkholz, Jenn | ifer K. (Mrs.) | 00087222 | | | | |
| 4 | Date | Payee name | | | | | | |
| | 06/27/2023 | ActBlue | | | | | | |
| 6 | Amount (\$) | Payee address; | | State; Zip Co | ode | | | |
| | \$39.00 | PO Box 44114 | 16 | | | | | |
| | | Somerville, MA 02144 | | | | | | |
| 8 | PURPOSE OF | | Categories listed at the top of | | (b) Description | | | |
| | EXPENDITURE | | Donations Made By iceholder/Political C | | | | de of Texas. Com officeholder living | |
| | | Canuluale/On | | Junninnee | Donation to 3 | | | |
| | | | | | | | , | 5 |
| 9 | Complete ONLY if direct expenditure to benefit C/O | andidate/Officel | nolder name | Office sou | l ught | | Office he | ld |
| | Date | Payee name | | | | | | |
| | 06/30/2023 | ActBlue | | | | | | |
| | Amount (\$) | Payee address; | City; | State; Zip Co | ode | | | |
| | \$18.99 | PO Box 44114 | 16 | | | | | |
| | | Somerville, M | A 02144 | | | | | |
| | PURPOSE OF EXPENDITURE | Category _{(See C} Fees | ategories listed at the top of | this schedule) | | η, TX, | de of Texas. Com officeholder living | |
| | Complete ONLY if direct expenditure to benefit C/O | andidate/Officel | nolder name | Office sou | ıght | | Office he | ld |
| | Date | Payee name | | | | | | |
| | 06/25/2023 | ActBlue | | | | | | |
| | Amount (\$) | Payee address; | City; | State; Zip Co | ode | | | |
| | \$15.24 | PO Box 44114 | | | | | | |
| | | | | | | | | |
| | DUDDOOF | Somerville, M | | | | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution Processing fees | | | | | expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officel | nolder name | Office sou | ught | | Office he | eld |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - | Loan Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra plains how to complete thi | al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | LER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 2/8 Rpt: 30/42 | irkholz, Jennifer K. (Mrs.) | | 00087222 | | |
| 4 | Date 06/18/2023 | ayee name ctBlue | | | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Code | | | |
| • | \$8.91 | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Contribution Fees | | | | heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | |
| | Date | ayee name | | | | |
| | 06/11/2023 | ctBlue | | | | |
| | Amount (\$) \$39.36 | ayee address; City; O Box 441146 omerville, MA 02144 | State; Zip Code | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of ees | | cription theck if travel outside of Texas. Complete Schedule T. theck if Austin, TX, officeholder living expense tribution Fees | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | |
| | Date | ayee name | | | | |
| | 06/04/2023 | ctBlue | | | | |
| | Amount (\$) \$47.81 | ayee address; City; O Box 441146 | State; Zip Code | | | |
| | | omerville, MA 02144 | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of ees | | cription check if travel outside of Texas. Complete Schedule T. check if Austin, TX, officeholder living expense tribution Fees | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - | Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form. | | | | |
| 1 | Total pages Schedule F1: | LER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 3/8 Rpt: 31/42 | irkholz, Jennifer K. (Mrs.) | 00087222 | | | | |
| 4 | Date 05/28/2023 | 5 Payee name ActBlue | | | | | |
| 6 | Amount (\$) \$43.73 | 7 Payee address; City; State; Zip Code 73 PO Box 441146 Somerville, MA 02144 | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Categories listed at the top of this schedule) Image: Check if Categories Categories listed at the top of this schedule) Image: Check if Categories Categor | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | | |
| | Date | ayee name | | | | | |
| | 05/21/2023 | ctBlue | | | | | |
| | Amount (\$) \$16.41 | ayee address; City; S O Box 441146 omerville, MA 02144 | State; Zip Code | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of t | Check if trav | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense n Processing Fees | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | | |
| | Date | ayee name | | | | | |
| | 05/14/2023 | ctBlue | | | | | |
| | Amount (\$) \$25.48 | ayee address; City; S O Box 441146 | State; Zip Code | | | | |
| | | omerville, MA 02144 | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of t ees | Check if trav | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense n Processing Fees | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 4/8 Rpt: 32/42 | Birkholz, Jennifer K. (Mrs.) | 00087222 | | | | |
| 4 | Date 05/07/2023 | 5 Payee name ActBlue | | | | | |
| 6 | Amount (\$) \$0.99 | 7 Payee address; City; State; Zip Code \$0.99 PO Box 441146 Somerville, MA 02144 | | | | | |
| 8 | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 04/30/2023 | ActBlue | | | | | |
| | Amount (\$) \$0.99 | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144 | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. , TX, officeholder living expense Processing Fees | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 04/09/2023 | ActBlue | | | | | |
| | Amount (\$) \$0.99 | Payee address;City;State; Zip CodePO Box 441146 | | | | | |
| | | Somerville, MA 02144 | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. , TX, officeholder living expense Processing Fees | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Gift/Awards/Memorials Expense Cegal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 5/8 Rpt: 33/42 | Birkholz, Jennifer K. (Mrs.) | 00087222 | | | |
| 4 | Date 03/05/2023 | Payee name ActBlue | | | | |
| | | | | | | |
| 6 | Amount (\$) \$3.95 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. , TX, officeholder living expense Processing Fees | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 02/12/2023 | ActBlue | | | | |
| | Amount (\$) \$8.89 | Payee address; City; State; Zip Code PO Box 441146 | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. , TX, officeholder living expense Processing Fees | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 05/31/2023 | ActBlue | | | | |
| | Amount (\$) \$10.00 | Payee address;City;State; Zip CodePO Box 441146 | | | | |
| | | Somerville, MA 02144 | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|------------------|-------------------------------|--|---|-----------------------------------|------------------------|-------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Gift/Awai Imittee Legal Se | verage Expense ds/Memorials Expense | Office C Polling Printing Salaries | Expens Expens Expen Wage | se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 6/8 Rpt: 34/42 | | Birkholz, Jennifer | K. (Mrs.) | | | | | 00087222 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 06/13/2023 | | CCR Studios | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; S | State; Zip C | Code | | | | |
| | \$1,299.00 | | 9501 Argyle Dr | | | | | | | |
| | | Austin, TX 78749 | | | | | | | | |
| 8 | PURPOSE OF | | Category (See Catego | | his schedule) | (b) | Description | | | |
| | EXPENDITURE | | Advertising Expen | se | | | | | de of Texas. Com | |
| | | | | | | | Photos, medi | | officeholder living |) expense |
| | | | | | | | r notos, meu | a | | |
| 9 | 9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | eld | | | |
| | Date | | Payee name | | | | | | | |
| | 06/30/2023 | | Mi Mundo Coffeho | use | | | | | | |
| | Amount (\$) | | Payee address; | City; S | State; Zip C | code | | | | |
| | \$7.48 | | 106 S Mays St | | | | | | | |
| | | I | #100 | | | | | | | |
| | | | Round Rock, TX 7 | 8664 | | | | | | |
| _ | PURPOSE | | Category (See Catego | | | (b) | Description | | | |
| | OF | | Food/Beverage Ex | | lis schedule) | (-) | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | | Check if Austin | , TX, | officeholder living | j expense |
| | | | | | | | Beverage for | Са | mpaigning | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholde | er name | Office so | ought | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 06/01/2023 | | Round Rock Char | nber | | | | | | |
| | Amount (\$) | | Payee address; | City; S | State; Zip C | code | | | | |
| | \$125.00 | | 212 E Main St | | | | | | | |
| | | | | | | | | | | |
| | | | Round Rock, TX 7 | 8664 | | -1 | | | | |
| | PURPOSE OF | | Category (See Catego | ries listed at the top of t | his schedule) | (b) | Description | | | |
| | EXPENDITURE | | Event Expense | | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | | Legislative R | | | J CAPELISE |
| | | | | | | | _ogiolativo IX | 5710 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholde | er name | Office so | ought | | | Office he | eld |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La s how to complete this for | ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | | - | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 7/8 Rpt: 35/42 | irkholz, Jennifer K. (Mrs.) | 00087222 | | | | |
| 4 | Date 05/23/2023 | ayee name quarespace | | | | | |
| 6 | Amount (\$) \$187.84 | 7 Payee address; City; State; Zip Code 7.84 225 Varick St 12th Floor New York, NY 10014 Variant Action Variant Action | | | | | |
| 8 | PURPOSE OF EXPENDITURE | OF Advertising Expense | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | | |
| | Date | ayee name | | | | | |
| | 06/15/2023 | aylor Pride | | | | | |
| | Amount (\$) \$100.00 | ayee address; City; Sta O Box 421 aylor, TX 76574 | e; Zip Code | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of this s ponsorship | Check | on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense rship to receive advertising | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | | |
| | Date | ayee name | | | | | |
| | 06/11/2023 | ans Damn Tasty Taco | | | | | |
| | Amount (\$) \$15.71 | ayee address; City; Sta D1 E Whitestone Blvd uite #500 edar Park, TX 78613 | e; Zip Code | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of this s bod/Beverage Expense | Check | on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense campaign event | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sought | Office held | | | |
| | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Po Credit Card Payment | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F Sch: 8/8 Rpt: 36/42 | | | | | |
| 4 Date 05/20/2023 | 5 Payee name Vistaprint | | | | |
| 6 Amount (\$) \$94.8 | 7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense business cards, postcards | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C | | | | | |
| Date 06/09/2023 | Payee name Vistaprint | | | | |
| Amount (\$) \$45.6 | Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postcards | | | | |
| Complete <u>ONLY</u> if direc expenditure to benefit C | | | | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
|--|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing | payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule G: Sch: 1/6 Rpt: 37/42 | 2 FILER NAME Birkholz, Jennifer K. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087222 |
| 4 Date 06/30/2023 | 5 Payee name Birkholz, Jennie | | |
| 6 Amount (\$) \$491.25 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description [Travel for campa Reimbursement | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Aigning from 1/2023-6/2023. rate of .65.5 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 02/28/2023 | Birkholz, Jennie | | |
| Amount (\$) \$15.00 Reimbursement from | Payee address; City; State; Zip Code 3441 Alexandrite Way 3441 Alexandrite Way 3441 Alexandrite Way | | |
| X political contributions intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out of District | Description [[ParkingFee | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 03/28/2023 | Payee name Birkholz, Jennie | | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code | | |
| X Reimbursement from political contributions intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out of District | Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
|---|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F | payment/Reinbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 2/6 Rpt: 38/42 | 2 FILER NAME Birkholz, Jennifer K. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087222 | |
| 4 Date 05/27/2023 | 5 Payee name Birkholz, Jennie | | |
| 6 Amount (\$) \$20.00 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee capitol | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
| Date | Payee name | | |
| 05/12/2023 | Birkholz, Jennie | | |
| Amount (\$) \$15.90 Reimbursement from political contributions | Payee address; City; State; Zip Code | | |
| intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | expenditure to benefit | | |
| Date 05/20/2023 | Payee name Birkholz, Jennie | | |
| Amount (\$) \$44.85 | Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| X Reimbursement from political contributions intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I | payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 3/6 Rpt: 39/42 | 2 FILER NAME Birkholz, Jennifer K. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087222 | |
| 4 Date 05/21/2023 | 5 Payee name Birkholz, Jennie | | |
| 6 Amount (\$) \$51.26 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Campaign | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
| Date | Payee name | | |
| 06/07/2023 | Birkholz, Jennie | | |
| Amount (\$) \$47.36 Reimbursement from | Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| X political contributions intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Campaign | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 06/10/2023 | Birkholz, Jennie | | |
| Amount (\$) \$8.00 | Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| X Reimbursement from political contributions intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Campaign | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
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| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ove Food/Beverage Expense Polling Ex /- Gift/Awards/Memorials Expense Printing Ex | syment/Reinbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District gense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule G: Sch: 4/6 Rpt: 40/42 | 2 FILER NAME Birkholz, Jennifer K. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087222 | |
| 4 | Date 06/12/2023 | 5 Payee name Birkholz, Jennie | | |
| 6 | Amount (\$) \$7.08 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
| | Date | Payee name | | |
| | 06/13/2023 | Birkholz, Jennie | | |
| | Amount (\$) \$8.71 Reimbursement from | Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| | X political contributions intended | Round Rock, TX 78681-2436 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held | | | |
| | Date 06/15/2023 | Payee name Birkholz, Jennie | | |
| | Amount (\$) \$4.31 | Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| | X Reimbursement from political contributions intended | Round Rock, TX 78681-2436 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Office O Food/Beverage Expense Polling E By - Gift/Awards/Memorials Expense Printing | epayment/Reinbursement Solicitation/Fundraising Expense overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 5/6 Rpt: 41/42 | 2 FILER NAME Birkholz, Jennifer K. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087222 | |
| 4 Date 06/19/2023 | 5 Payee name Birkholz, Jennie | | |
| 6 Amount (\$) \$90.34 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Juneteenth Campaign food | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
| Date 06/23/2023 | Payee name Birkhalz, Jannia | | |
| Amount (\$) \$24.8 | Birkholz, Jennie Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| PURPOSE OF EXPENDITURE | Round Rock, TX 78681-2436 Category (see Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 06/23/2023 | Payee name Birkholz, Jennie | | |
| Amount (\$) \$38.43 | Payee address; City; State; Zip Code 3441 Alexandrite Way | | |
| Reimbursement from political contributions intended | Round Rock, TX 78681-2436 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | |
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| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
|---|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling Expense Polling Expense Printing E | ayment/Reimbursement erhead/Rental Expense kpense xpense Vages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule G: Sch: 6/6 Rpt: 42/42 | 2 FILER NAME Birkholz, Jennifer K. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087222 |
| 4 | Date 06/24/2023 | 5 Payee name Birkholz, Jennie | | |
| 6 | Amount (\$) \$7.96 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| F | Date 06/30/2023 | Payee name Birkholz, Jennie | | |
| | Amount (\$) \$8.60 X Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3441 Alexandrite Way Round Rock, TX 78681-2436 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | | |