

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00018807	2 Total pages filed: 153
3 COMMITTEE NAME State COPE Fund		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 12727 Austin, TX 78711		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Rick NICKNAME LAST SUFFIX Levy		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1106 Lavaca Suite 200 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-6195		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023		
11 ELECTION	ELECTION DATE Month Day Year 11/07/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,899.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,373.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 79,938.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Rick Levy

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME State COPE Fund	18 Filer ID (Ethics Commission Filers) 00018807
19 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,651.88
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 247.39
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,373.59
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/145 Rpt: 4/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/145 Rpt: 5/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard	7 Amount of Contribution (\$) \$83.34
	6 Contributor address; City; State; Zip Code San Marcos, TX 78666	
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Claretta (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Tyler, TX 75702	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alley, David (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Humble, TX 77346	
Principal occupation / Job title (See Instructions) Electrical Worker		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/145 Rpt: 6/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/145 Rpt: 7/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie <hr/> Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie <hr/> Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie <hr/> Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie <hr/> Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/145 Rpt: 8/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Houston, TX 77078		
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77078		
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/145 Rpt: 9/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong , William <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker , Bernadette <hr/> Contributor address; City; State; Zip Code Houston, TX 77067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Clarence <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/145 Rpt: 10/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, David <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75501	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Tire Builder		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, David <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Tire Builder		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, David <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Tire Builder		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Below, Shonda <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/145 Rpt: 11/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Kirbyville, TX 75956	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sheet Metal Worker		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berryman, Trey (Mr.) <hr/> Contributor address; City; State; Zip Code Kirbyville, TX 75956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/145 Rpt: 12/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beuerlein, Joe (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code West, TX 76691	
8 Principal occupation / Job title (See Instructions) Elevator Constructor		9 Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosquez, Abel G.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79104	
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenneman, Ben (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenneman, Ben (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/145 Rpt: 13/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenneman, Ben (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenneman, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenneman, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/145 Rpt: 14/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77093	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Linda <hr/> Contributor address; City; State; Zip Code Alvarado, TX 76009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/145 Rpt: 15/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Priscilla (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76179-2941	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/145 Rpt: 16/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buresh, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capo, Zeph (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/145 Rpt: 17/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hurst, TX 76053	
8 Principal occupation / Job title (See Instructions) Transportation		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Tom (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/145 Rpt: 18/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpino Daniels, Joanne <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Fleet Service Clerk		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/145 Rpt: 19/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78754	
8 Principal occupation / Job title (See Instructions) Labor Union Staff		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78754	
Principal occupation / Job title (See Instructions) Labor Union Staff		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenevert, Tony (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code DeSoto, TX 75115-3487	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colbert, Tamilia	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Brittany	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/145 Rpt: 20/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) Insulator		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/145 Rpt: 21/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) Insulator		9 Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/145 Rpt: 22/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77320	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/145 Rpt: 23/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77320	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Kenneth <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/145 Rpt: 24/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78749		
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77071		
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77071		
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/145 Rpt: 25/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diegel, Rick (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/145 Rpt: 26/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolney, Barbara <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Wardrobe Theatrical		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drumgo, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77067	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drumgo, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77067	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drumgo, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77067	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drumgo, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77067	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/145 Rpt: 27/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drumgo, Brian <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77067	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Longshoreman		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/145 Rpt: 28/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Jr., John <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77632	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77632	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/145 Rpt: 29/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Orange, TX 77632	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Flo (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Orange, TX 77632	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grand Prairie, TX 75052	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grand Prairie, TX 75052	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grand Prairie, TX 75052	
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/145 Rpt: 30/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Government Worker		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Government Worker		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Government Worker		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/145 Rpt: 31/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Killeen, TX 76542	
8 Principal occupation / Job title (See Instructions) Government Worker		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Government Worker		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/145 Rpt: 32/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) telephone worker		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) telephone worker		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulk, Shannon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulk, Shannon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/145 Rpt: 33/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulk, Shannon	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78201		
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.)	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Austin, TX 78754		
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.)	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Austin, TX 78754		
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.)	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Austin, TX 78754		
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.)	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Austin, TX 78754		
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/145 Rpt: 34/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78754	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Labor Representative		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Tiamjon (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Labor Representative		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franken, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/145 Rpt: 35/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Andy (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Pryor, OK 74361	
8 Principal occupation / Job title (See Instructions) Union staff		9 Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Crosby, TX 77532	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Crosby, TX 77532	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Crosby, TX 77532	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Crosby, TX 77532	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/145 Rpt: 36/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> 6 Contributor address; City; State; Zip Code Crosby, TX 77532	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Andrea <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/145 Rpt: 37/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fleet Service Clerk		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben (Mr.) <hr/> Contributor address; City; State; Zip Code Rotan, TX 79546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/145 Rpt: 38/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrical		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/145 Rpt: 39/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Aircraft Maintenance		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/145 Rpt: 40/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Aircraft Maintenance		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/145 Rpt: 41/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Hallsville, TX 75650		
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Hallsville, TX 75650		
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/145 Rpt: 42/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Director		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Director		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/145 Rpt: 43/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/145 Rpt: 44/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Humble, TX 77346	
Principal occupation / Job title (See Instructions) Business Agent		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/145 Rpt: 45/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Cable Splicer		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Cable Splicer		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Mary Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/145 Rpt: 46/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lead Field Organizer		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/145 Rpt: 47/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lead Field Organizer		9 Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Currie (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/145 Rpt: 48/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/145 Rpt: 49/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78703		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jennifer	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Humble, TX 77396		
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Beaumont, TX 77706-7383		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Beaumont, TX 77706-7383		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Beaumont, TX 77706-7383		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/145 Rpt: 50/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna (Mrs.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7383	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/145 Rpt: 51/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> 6 Contributor address; City; State; Zip Code Aubrey, TX 76227	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs-Marsh, Renda <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/145 Rpt: 52/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Candis <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77396	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Audra <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Studio Mechanic		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75357	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/145 Rpt: 53/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Hobie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75357	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/145 Rpt: 54/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/145 Rpt: 55/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> 6 Contributor address; City; State; Zip Code Adkins, TX 78101	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/145 Rpt: 56/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76710	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/145 Rpt: 57/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Portland, TX 78374	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Portland, TX 78374	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Portland, TX 78374	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Portland, TX 78374	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Portland, TX 78374	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/145 Rpt: 58/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elaine (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Portland, TX 78374	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Louise	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Universal City, TX 78148	
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Thomas	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78724	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77065	
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77065	
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/145 Rpt: 59/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77065	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) sheetmetal worker		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sheetmetal worker		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/145 Rpt: 60/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/145 Rpt: 61/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Maggie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/145 Rpt: 62/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> 6 Contributor address; City; State; Zip Code Vidor, TX 77662	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Doyle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Doyle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Doyle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/145 Rpt: 63/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Doyle <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Doyle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/145 Rpt: 64/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/145 Rpt: 65/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/145 Rpt: 66/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra <hr/> 6 Contributor address; City; State; Zip Code Lancaster, TX 75146	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilienfeld, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/145 Rpt: 67/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Chief of Staff		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/145 Rpt: 68/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> 6 Contributor address; City; State; Zip Code Waxahachie, TX 75167	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Elevator Constructor		9 Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luckey, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Transportation Worker		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/145 Rpt: 69/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/145 Rpt: 70/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) union official		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) union official		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/145 Rpt: 71/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Sue <hr/> Contributor address; City; State; Zip Code Clute, TX 77531	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/145 Rpt: 72/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Specialist		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/145 Rpt: 73/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markwiese, Emily	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78757		
8 Principal occupation / Job title (See Instructions) Communications Specialist		9 Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Graham, TX 76450		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Graham, TX 76450		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Graham, TX 76450		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Graham, TX 76450		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/145 Rpt: 74/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> 6 Contributor address; City; State; Zip Code Graham, TX 76450	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Jesse <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/145 Rpt: 75/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/145 Rpt: 76/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75217	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communication Worker		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communication Worker		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Clint C. (Mr.) <hr/> Contributor address; City; State; Zip Code Adkins, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Elevator Worker		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Shelton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/145 Rpt: 77/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny (Mr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Thornton, TX 76687		
8 Principal occupation / Job title (See Instructions) Electrical Worker		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, Ginny	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77092		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, Ginny	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77092		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, Ginny	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77092		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, Ginny	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77092		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/145 Rpt: 78/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/145 Rpt: 79/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurrey, Ray (Mr.) <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurrey, Ray (Mr.) <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurrey, Ray (Mr.) <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurrey, Ray (Mr.) <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/145 Rpt: 80/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurrey, Ray (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/145 Rpt: 81/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/145 Rpt: 82/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Auto Worker		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Cathy <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/145 Rpt: 83/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Mobilization Coordinator		9 Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mobilization Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/145 Rpt: 84/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Linda <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/145 Rpt: 85/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75233	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) letter carrier		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) letter carrier		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tony <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tony <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tony <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/145 Rpt: 86/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tony <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fleet Service Clerk		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tony <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/145 Rpt: 87/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Irving, TX 75062	
8 Principal occupation / Job title (See Instructions) Auto Worker		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Irving, TX 75062	
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Romeo (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Irving, TX 75062	
Principal occupation / Job title (See Instructions) Auto Worker		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Marinella	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78245	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/145 Rpt: 88/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77489	
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/145 Rpt: 89/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/145 Rpt: 90/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/145 Rpt: 91/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78213	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/145 Rpt: 92/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> 6 Contributor address; City; State; Zip Code Lexington, TX 78947	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/145 Rpt: 93/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Chief of Staff		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Chief of Staff		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/145 Rpt: 94/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oso base, Derrick (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) State Campaign Coordinator		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oso base, Derrick (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oso base, Derrick (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) State Campaign Coordinator		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Martha	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code South Houston, TX 77587	
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/145 Rpt: 95/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna 6 Contributor address; City; State; Zip Code South Houston, TX 77587	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Longshoreman		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/145 Rpt: 96/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78748		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/145 Rpt: 97/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann (Mrs.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78748		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Groves, TX 77619		
Principal occupation / Job title (See Instructions) Electrical Worker		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/145 Rpt: 98/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Citizenship Coordinator		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Citizenship Coordinator		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis <hr/> Contributor address; City; State; Zip Code Houston, TX 77219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77219	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis <hr/> Contributor address; City; State; Zip Code Houston, TX 77219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis <hr/> Contributor address; City; State; Zip Code Houston, TX 77219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis <hr/> Contributor address; City; State; Zip Code Houston, TX 77219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterway, Artis <hr/> Contributor address; City; State; Zip Code Houston, TX 77219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/145 Rpt: 101/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Inside Wireman		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Inside Wireman		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Inside Wireman		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Inside Wireman		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulliam, Christina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Employee		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinzi, Patty <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78752	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Legislative Counsel		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinzi, Patty <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Legislative Counsel		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinzi, Patty <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Legislative Counsel		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinzi, Patty <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Legislative Counsel		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinzi, Patty <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Legislative Counsel		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/145 Rpt: 103/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Labor Liaison		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/145 Rpt: 104/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Labor Liaison		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Union Organizer		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Organizer		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Union Organizer		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.) <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bullard, TX 75757	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna E. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/145 Rpt: 106/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/145 Rpt: 107/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/145 Rpt: 108/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Richard <hr/> Contributor address; City; State; Zip Code Chehalis, WA 98532	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/145 Rpt: 109/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> 6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> 6 Contributor address; City; State; Zip Code Rusk, TX 75785	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Laundry Manager		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/145 Rpt: 111/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Del Rio, TX 78840	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Del Rio, TX 78840	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Roy <hr/> Contributor address; City; State; Zip Code Houston, TX 77029	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Roy <hr/> Contributor address; City; State; Zip Code Houston, TX 77029	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Roy <hr/> Contributor address; City; State; Zip Code Houston, TX 77029	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Roy <hr/> Contributor address; City; State; Zip Code Houston, TX 77029	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/145 Rpt: 113/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Roy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77029	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Worker		9 Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Environmental Protection Specialist		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00004325 _____) Seafarers Political Activity Donation <hr/> Contributor address; City; State; Zip Code Camp Springs, MD 20746	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/145 Rpt: 116/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) union staff		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) union staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) union staff		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code West Columbia, TX 77486		
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code West Columbia, TX 77486		
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75232		
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75232		
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dallas, TX 75232		
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75232	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Consultant		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Association Director		9 Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Association Director		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) Accounting		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/145 Rpt: 122/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) Accounting		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/145 Rpt: 123/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Printer		9 Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/145 Rpt: 124/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/145 Rpt: 125/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/145 Rpt: 126/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pflugerville, TX 78660		
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/145 Rpt: 127/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code El Paso, TX 79902		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/145 Rpt: 128/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/145 Rpt: 129/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> 6 Contributor address; City; State; Zip Code Forney, TX 75126	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Account Rep.		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/145 Rpt: 130/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Forney, TX 75126		
8 Principal occupation / Job title (See Instructions) Account Rep.		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/145 Rpt: 131/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Arlington, TX 76017	
8 Principal occupation / Job title (See Instructions) Union Worker		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Union Worker		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77011	
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77011	
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77011	
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/145 Rpt: 132/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77011	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Rep		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, J Cruz <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Rep		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/145 Rpt: 133/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tyler <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/145 Rpt: 134/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Kristie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79102	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Postal Clerk		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Kristie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/145 Rpt: 135/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Machinist		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/145 Rpt: 136/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) State Employee		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veit, Kristie (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veit, Kristie (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/145 Rpt: 137/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veit, Kristie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Worker		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/145 Rpt: 138/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/145 Rpt: 139/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77049	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Journeyman Electrician		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Journeyman Electrician		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Electrical Worker		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/145 Rpt: 140/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Rep.		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/145 Rpt: 141/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Rep.		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/145 Rpt: 142/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelder, Karrie (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/145 Rpt: 143/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> 6 Contributor address; City; State; Zip Code Terrell, TX 75160	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Bobbie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sarah <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) manufacturing		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/145 Rpt: 144/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insulator		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insulator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/145 Rpt: 145/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Manager		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lacy <hr/> Contributor address; City; State; Zip Code Houston, TX 77061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/145 Rpt: 146/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/145 Rpt: 147/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Mark <hr/> 6 Contributor address; City; State; Zip Code Channelview, TX 77530	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Steelworker		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/145 Rpt: 148/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R.	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78748		
8 Principal occupation / Job title (See Instructions) Union Member		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Union Member		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaremba, Cheryl (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78733		
Principal occupation / Job title (See Instructions) Communications Worker		Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 149/153
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/14/2023	5 Corporation / Labor Organization name Texas AFL-CIO	6 Amount (\$) 133.21
Date 07/15/2023	Corporation / Labor Organization name Texas AFL-CIO	Amount (\$) 95.15
Date 07/17/2023	Corporation / Labor Organization name Texas AFL-CIO	Amount (\$) 19.03

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 150/153	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 07/03/2023	5 Payee name Elavon	
6 Amount (\$) \$26.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2023	Payee name Elavon	
Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Elavon	
Amount (\$) \$203.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 151/153	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 10/02/2023	5 Payee name Elavon	
6 Amount (\$) \$30.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2023	Payee name Elavon	
Amount (\$) \$36.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name Elavon	
Amount (\$) \$25.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 152/153	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 12/18/2023	5 Payee name House Democratic Campaign Committee	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1925 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Kristen Washington Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 570 Greenville, TX 75403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution HD 2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Stripe Payments Company	
Amount (\$) \$19.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 510 Townsend St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 153/153	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 08/02/2023	5 Payee name Stripe Payments Company	
6 Amount (\$) \$5.92	7 Payee address; City; State; Zip Code 510 Townsend St. San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	8 (a) Category (See Categories listed at the top of this schedule) Fees	8 (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held