GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00087094	2 Total pages filed: 303		
3	COMMITTEE NAME		•	OFFICE USE ONLY		
	Every State Blue -	Texas		Date Received		
				ELECTRONICALLY FILED		
				01/15/2024		
	0010117755			01/13/2024		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE			
	/ 2011200	237 Florida Avenue NW		Date Hand-delivered or Date Postmarked		
	Change of Address					
		Washington, DC 20001		Receipt # Amount		
				Date Processed		
				Date Imaged		
5	CAMPAIGN	MS/MRS/MR FIRST		MI		
	TREASURER	Jonathan				
	NAME					
		NICKNAME LAST		SUFFIX		
		Zucker				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE		
ľ	TREASURER	237 Florida Avenue NW				
	STREET ADDRESS					
		Westighter DO 20001				
	(Residence or Business)	Washington, DC 20001				
ľ	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE		
	MAILING	237 Florida Avenue NW				
	ADDRESS					
	Change of Address	Washington, DC 20001				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER PHONE	(202) 656-5645				
	THOME					
9	REPORT	X January 15 30)th day before election	Dissolution (Attach PAC-DR)		
	TYPE		h day before election	10th day after campaign treasurer		
				termination		
			unoff			
10	PERIOD	Month Day Year	Month Day	Year		
	COVERED	-	IROUGH 12/31/2023	3		
11	ELECTION	ELECTION DATE	ELECTION TYPE			
		Month Day Year	Primary Runoff	Other		
			General Special			
		I I				
	GO TO PAGE 2					
For	ms provided by Te		hics.state.tx.us	Version V3.5.1.0bfcfb67		
. 01						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer			13 Filer ID	(Ethics Commission Filers)
Every State Blue - Texa	S		000870	94
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) gualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		¢	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,376.13
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,184.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	11,396.23
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	^{THE} \$	0.00
16 AFFIDAVIT			ł	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Jonatha	n Zucker	
		Signature of Car		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of c	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

SUBTOTALS - GPAC		FORM GPAC
	С	OVER SHEET PG 3 3 of 303
17 COMMITTEE NAME Every State Blue - Texas	18 Filer ID 00087094	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	•	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,376.13
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB	OR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	R	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	٧S	\$ 1,184.10
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$ 158.50
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/290 Rpt: 4/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Aden, Marilyn \$1.50 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 Aden, Marilyn \$1.50 Contributor address; City; State; Zip Code New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2023 Aden, Marilyn \$1.50 Contributor address; City; State; Zip Code New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2023 \$5.00 Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 \$5.00 Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/290 Rpt: 5/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Aden, Marilyn \$5.00 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/17/2023 \$2.50 Alley, Desiree Contributor address; City; State; Zip Code Vallejo, CA 94589 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/17/2023 Alley, Desiree \$2.50 Contributor address; City; State; Zip Code Vallejo, CA 94589 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse None Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/17/2023 \$2.50 Alley, Desiree Contributor address; City; State; Zip Code Vallejo, CA 94589 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2023 \$2.50 Alley, Desiree Contributor address; City; State; Zip Code Vallejo, CA 94589 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse None

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/290 Rpt: 6/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/17/2023 Alley, Desiree \$2.50 6 Contributor address; City; State; Zip Code Vallejo, CA 94589 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Nurse None Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/17/2023 \$2.50 Alley, Desiree Contributor address; City; State; Zip Code Vallejo, CA 94589 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/08/2023 Amron, Cory \$1.50 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 Amron, Cory \$1.50 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/08/2023 \$1.50 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/290 Rpt: 7/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2023 Amron, Cory \$1.50 6 Contributor address; City; State; Zip Code Arlington, VA 22201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/08/2023 Amron, Cory \$1.50 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/08/2023 Amron, Cory \$1.50 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/08/2023 \$5.00 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/08/2023 \$5.00 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/290 Rpt: 8/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/08/2023 Amron, Cory \$5.00 6 Contributor address; City; State; Zip Code Arlington, VA 22201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/08/2023 Amron, Cory \$5.00 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/08/2023 Amron, Cory \$5.00 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/08/2023 \$5.00 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/05/2023 \$5.00 Arbuckle, Melinda Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 6/290 Rpt: 9/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/05/2023 Arbuckle, Melinda \$5.00 6 Contributor address; City; State; Zip Code Dallas, TX 75287 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) attorney self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/05/2023 Arbuckle, Melinda \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) self attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/05/2023 Arbuckle, Melinda \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/05/2023 \$5.00 Arbuckle, Melinda Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/05/2023 \$5.00 Arbuckle, Melinda Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/290 Rpt: 10/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Ardington, Amy \$2.50 6 Contributor address; City; State; Zip Code Bellville, TX 77418 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lawyer Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 \$2.50 Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2023 Ardington, Amy \$2.50 Contributor address; City; State; Zip Code Bellville, TX 77418 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 \$2.50 Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2023 \$2.50 Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/290 Rpt: 11/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/30/2023 Ardington, Amy \$2.50 6 Contributor address; City; State; Zip Code Bellville, TX 77418 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lawyer Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/24/2023 Arnett, M. James \$5.00 Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/24/2023 Arnett, M. James \$5.00 Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/24/2023 \$5.00 Arnett, M. James Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/24/2023 \$5.00 Arnett, M. James Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/290 Rpt: 12/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/24/2023 Arnett, M. James \$5.00 6 Contributor address; City; State; Zip Code Westlake Village, CA 91361 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/24/2023 Arnett, M. James \$5.00 Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/30/2023 \$1.00 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 Aunan, Lauri \$1.00 Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 \$1.00 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/290 Rpt: 13/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/30/2023	Aunan, Lauri				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Corbett, OR 97019				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2023	Aunan, Lauri				\$1.00
		Contributor address; City; State; Zip Code]		
			ſ			
		0-rh-th 0D 07010	ſ			
	Deineineleeen	Corbett, OR 97019				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷1.00
	12/30/2023	Aunan, Lauri				\$1.00
		Contributor address; City; State; Zip Code				
			ſ			
		Corbett, OR 97019				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	Retired		Retired	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/08/2023	Aunan, Lauri	/			\$2.50
		Contributor address; City; State; Zip Code				
			ſ			
		Corbett, OR 97019	ſ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/30/2023	Aunan, Lauri	ſ			\$0.50
		Contributor address; City; State; Zip Code		1		
			ſ			
		Corbett, OR 97019	_			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
I I						

	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/290 Rpt: 14/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/08/2023	Aunan, Lauri				\$2.50
		6 Contributor address; City; State; Zip Code		1		
		Corbett, OR 97019				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/30/2023	Aunan, Lauri				\$0.50
		Contributor address; City; State; Zip Code		1		
		0				
\vdash	Driv sizel oppu	Corbett, OR 97019		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±0.50
	09/08/2023	Aunan, Lauri		[\$2.50
		Contributor address; City; State; Zip Code				
		Corbett, OR 97019				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Retired		Retired	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	·)	Г	Amount of Contribution (\$)	
	09/30/2023	Aunan, Lauri)			\$0.50
	00,00,2020	Contributor address; City; State; Zip Code				+0.00
		Corbett, OR 97019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	10/08/2023	Aunan, Lauri				\$2.50
		Contributor address; City; State; Zip Code		1		
		Corbett, OR 97019				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/290 Rpt: 15/303	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Every State B	3lue - Texas		00087094	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/30/2023	Aunan, Lauri		5	\$0.50
	6 Contributor address; City; State; Zip Code			
	Corbett, OR 97019			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2023	Aunan, Lauri		5	\$2.50
	Contributor address; City; State; Zip Code			
	Corbett, OR 97019			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/2023	Aunan, Lauri		\$	\$0.50
	-			
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code Corbett, OR 97019			
Principal occu	Contributor address; City; State; Zip Code	Employer (See Instructions))	
	Contributor address; City; State; Zip Code Corbett, OR 97019)	
Principal occu	Contributor address; City; State; Zip Code Corbett, OR 97019	Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occup Retired	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50
Principal occu Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50
Principal occu Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50
Principal occu Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri Contributor address; City; State; Zip Code	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50
Principal occur Retired Date 12/08/2023	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50
Principal occur Retired Date 12/08/2023 Principal occur	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri Contributor address; City; State; Zip Code	Employer (See Instructions) Retired 	Amount of Contribution (\$)	\$2.50
Principal occur Retired Date 12/08/2023	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions)	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50
Principal occup Retired Date 12/08/2023 Principal occup Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor address; Out-of-state PAC (ID#:	Employer (See Instructions) Retired)) Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occur Retired Date 12/08/2023 Principal occur Retired	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions)	Employer (See Instructions) Retired)) Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occup Retired Date 12/08/2023 Principal occup Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor address; Out-of-state PAC (ID#:	Employer (See Instructions) Retired)) Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occup Retired Date 12/08/2023 Principal occup Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) Retired)) Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occup Retired Date 12/08/2023 Principal occup Retired Date	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) Retired)) Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occur Retired Date 12/08/2023 Principal occur Retired Date 12/30/2023	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) Retired	Amount of Contribution (\$)	
Principal occur Retired Date 12/08/2023 Principal occur Retired Date 12/30/2023	Contributor address; City; State; Zip Code Corbett, OR 97019 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) Retired)) Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.50

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/290 Rpt: 16/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/02/2023 Barker, Terry \$3.75 6 Contributor address; City; State; Zip Code Coppell, TX 75019 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/02/2023 \$3.75 Barker, Terry Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/02/2023 Barker, Terry \$12.50 Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/02/2023 \$12.50 Barker, Terry Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/19/2023 Barlow, Cynthia \$1.50 Contributor address; City; State; Zip Code Berkeley, CA 94707 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired teacher retired teacher

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/290 Rpt: 17/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State B	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/19/2023	Barlow, Cynthia		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Berkeley, CA 94707		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
retired teach		retired teacher	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/19/2023	Barlow, Cynthia		\$5.00
			•
	Berkeley, CA 94707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired teache	er	retired teacher	
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)
12/19/2023	Barlow, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		1
	Berkeley, CA 94707	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	3)
retired teach		retired teacher	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/07/2023	Batra, Nikhil		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Product Man	lager	Paylocity	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/07/2023	Batra, Nikhil		\$1.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78704		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Product Man	lager	Paylocity	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 15/290 Rpt: 18/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State B	slue - Texas		00087094
	5 Full name of contributor out-of-state PAC (ID#: Batra, Nikhil)	7 Amount of Contribution (\$)\$1.50
	6 Contributor address; City; State; Zip Code		φ1.00
	Austin, TX 78704		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)
Product Mana	ager	Paylocity	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/07/2023	Batra, Nikhil		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
	ation / Job title (See Instructions)	Employer (See Instructions)	;)
Product Mana	ager	Paylocity	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/07/2023	Batra, Nikhil		\$1.50
"	Contributor address; City; State; Zip Code		
	Austin, TX 78704	I	
· · ·	pation / Job title (See Instructions)	Employer (See Instructions))
Product Mana		Paylocity	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/07/2023	Batra, Nikhil		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Product Mana		Paylocity	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/07/2023	Batra, Nikhil	,	\$5.00
	Contributor address; City; State; Zip Code		
	······································		
	Austin, TX 78704		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Product Mana	ager	Paylocity	

				_		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/290 Rpt: 19/303	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	Every State	Blue - Texas			00087094	-
4	Date 08/07/2023	5 Full name of contributor out-of-state PAC (ID#: Batra, Nikhil)	7	Amount of Contribution (\$)	\$5.00
	00/01/2020					Ψ0.00
		 6 Contributor address; City; State; Zip Code Austin, TX 78704 				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Product Man	lager	Paylocity			
	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/07/2023	Batra, Nikhil				\$5.00
	I	Contributor address; City; State; Zip Code		-		
		Austin, TX 78704				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Product Man		Paylocity	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Τ	Amount of Contribution (\$)	
	10/07/2023	Batra, Nikhil	/			\$5.00
	10/01/2020					Ψ0.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1 S)		
	Product Man		Paylocity	-,		
╞	Date			—	Amount of Contribution (\$)	
	11/07/2023	Full name of contributor out-of-state PAC (ID#: Batra, Nikhil	/			\$5.00
	11/01/2023					φ0.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Product Man	lager	Paylocity			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	12/07/2023	Batra, Nikhil			.,	\$5.00
		Contributor address; City; State; Zip Code				-
		Austin, TX 78704				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Product Man		Paylocity	-,		
⊢			-99			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 17/290 Rpt: 20/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/12/2023			\$1.0
	6 Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Librarian		Calvary Episcopal Schoo	ol
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/12/2023	Beard, Michele		\$2.5
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Librarian		Calvary Episcopal Schoo	ol
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/14/2023	Beery, Colleen		\$1.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
	upation / Job title (See Instructions)	Employer (See Instructions	
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/14/2023	Beery, Colleen		\$1.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/14/2023	Beery, Colleen		\$1.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/290 Rpt: 21/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/14/2023 Beery, Colleen \$1.00 6 Contributor address; City; State; Zip Code Austin, TX 78735 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/14/2023 Beery, Colleen \$1.00 Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/14/2023 Beery, Colleen \$1.00 Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/14/2023 \$12.50 Beery, Colleen Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/14/2023 Beery, Colleen \$12.50 Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/290 Rpt: 22/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/14/2023 Beery, Colleen \$12.50 6 Contributor address; City; State; Zip Code Austin, TX 78735 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2023 Beery, Colleen \$12.50 Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/14/2023 Beery, Colleen \$12.50 Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2023 \$12.50 Beery, Colleen Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/290 Rpt: 23/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/30/2023 Bell, Grant \$1.50 6 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Consulting Engineer** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/30/2023 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consulting Engineer retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/30/2023 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/290 Rpt: 24/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Bell, Grant \$5.00 6 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Consulting Engineer** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 Bell, Grant \$5.00 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2023 Bell, Grant \$5.00 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 \$5.00 Bell, Grant Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consulting Engineer retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2023 \$5.00 Bell, Grant Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/290 Rpt: 25/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/30/2023 Bell, Grant \$5.00 6 Contributor address; City; State; Zip Code Arlington, TX 76005-5603 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) **Consulting Engineer** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 Benoit, Michele \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/30/2023 Benoit, Michele \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2023 \$5.00 Benoit, Michele Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 \$5.00 Benoit, Michele Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/290 Rpt: 26/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/30/2023 Benoit, Michele \$5.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/30/2023 Benoit, Michele \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/26/2023 Bergman, Eldo \$2.50 Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/26/2023 \$2.50 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/26/2023 \$2.50 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 24/290 Rpt: 27/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/26/2023 Bergman, Eldo \$2.50 6 Contributor address; City; State; Zip Code Houston, TX 77035 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/26/2023 \$2.50 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/26/2023 Bergman, Eldo \$2.50 Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/08/2023 Bickham, Erin \$1.50 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) None None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/08/2023 Bickham, Erin \$1.50 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) None None

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/290 Rpt: 28/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/08/2023 Bickham, Erin \$1.50 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) None None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/08/2023 Bickham, Erin \$5.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) None None Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/08/2023 Bickham, Erin \$5.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) None None Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 \$5.00 Bickham, Erin Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) None None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/31/2023 \$3.75 Broadrick, Cathy Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Retired

The Instruction Guide explains how to complete this form. 1 Trait pages.ShaleBule - Scie: 26/290 Ppi: 29/303 2 FLIER NAME 9 Flef run Christomission Filers) Every State Blue - Texas 9 Flef run Contributor 00087094 4 Date 1 Trait pages.ShaleBule - Texas 00087094 6 Contributor address; City: State: Zip Code 7 Amount of Contribution (\$) 8 Principal accupation / Job tife (See Instructions) 9 Employer (See Instructions) None Pain ame of contributor oxe-d-state PAC (100:::::::::::::::::::::::::::::::::::				
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-otstue FAC (ID#) 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) 9/30/2023 Full name of contributor out-ot-state FAC (ID#	The Inst	ruction Guide explains how to complete this f	form.	
Every State Blue - Texas 00087094 4 Date 5 Full name of contribution is prodrick. Cathy 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) 9/30/2023 Broadrick, Cathy 9 Employer (See Instructions) 7 Amount of Contribution (\$) 09/30/2023 Broadrick, Cathy 9 Employer (See Instructions) 7 Amount of Contribution (\$) 09/30/2023 Broadrick, Cathy 0xie-f-state PAC (ID#	2 FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
08/31/2023 Broadnick, Cathy \$3.75 6 Contributor address; City; State; Zip Code Midland, TX 79705 7 Principal occupation / Job tite (See Instructions) None Permission Date Full name of contributor out-of-state PAC (ID#) 09/30/2023 Full name of contributor out-of-state PAC (ID#) Principal occupation / Job tite (See Instructions) None Employer (See Instructions) Retired Principal occupation / Job tite (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#) 10/31/2023 Full name of contributor out-of-state PAC (ID#) Principal occupation / Job tite (See Instructions) None Retired Principal occupation / Job tite (See Instructions) None Employer (See Instructions) Retired Principal occupation / Job tite (See Instructions) None Emplo	Every Sta	e Blue - Texas		
08/31/2023 Broadrick, Cathy \$3.75 6 Contributor address; City; State; Zip Code midland, TX 79705 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) None Pate Amount of Contribution (\$) \$3.75 09/30/2023 Full name of contributor out of-state PAC (ID# Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) S3.75 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 10/31/2023 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) None Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired None Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 11/30/2023 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 11/30/2024 Fu	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code Midland, TX 79705 9 Employer (See Instructions) Retired Date Full name of contributor not-of-state PAC (DP; Contributor address; City; State; Zip Code Principal occupation / Job tite (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) S3.75 Principal occupation / Job tite (See Instructions) None Full name of contributor out-of-state PAC (DP; Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (DP; Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Broadrick, Cathy Amount of Contribution (\$) \$3.75 Principal occupation / Job tite (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 11/30/2023 Full name of contributor out-of-state PAC (DP; Vity; State; Zip Code Amount of Contribution (\$) \$3.75 None Full name of contributor out-of-state PAC (DP; Vity; State; Zip Code Amount of Contribution (\$) \$3.75 I1/30/2023 Full name of contributor out-of-state PAC (DP; Vit	08/31/202			\$3.75
Midland, TX 79705 Principal occupation / Job title (See Instructions) None P Employer (See Instructions) Retired Date 09/30/2023 Full name of contributor control contro control control control control control contro control		6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) None 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (Deff) Broadrick, Cathy Amount of Contribution (\$) \$3.75 Og/30/2023 Full name of contributor out-of-state PAC (Deff) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Date Full name of contributor out-of-state PAC (Deff) Amount of Contribution (\$) Amount of Contribution (\$) \$3.75 Date Full name of contributor out-of-state PAC (Deff) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired				
8 Principal occupation / Job title (See Instructions) None 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (Deff) Broadrick, Cathy Amount of Contribution (\$) \$3.75 Og/30/2023 Full name of contributor out-of-state PAC (Deff) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Date Full name of contributor out-of-state PAC (Deff) Amount of Contribution (\$) Amount of Contribution (\$) \$3.75 Date Full name of contributor out-of-state PAC (Deff) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired				
None Retired Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 09/30/2023 Broadrick, Cathy s3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Retired Date Full name of contributor out-of-state PAC (D#) 10/31/2023 Broadrick, Cathy Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) None Midland, TX 79705 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) S3.75 None Goatributor address; City; State; Zip Code Amount of Contribution (\$) \$3.75 Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) \$3.75		Midland, TX 79705		<u></u>
Date Full name of contributor out-of-state PAC (IDII:	-	cupation / Job title (See Instructions))
09/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (De:) 10/31/2023 Broadrick, Cathy Amount of Contribution (\$) 10/31/2023 Full name of contributor out-of-state PAC (De:) Midland, TX 79705 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (De:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) 11/30/2023 Full name of contributor out-of-state PAC (De:) Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (De:	None		Retired	
Contributor address: City; State; Zip Code Image: Contributor address: City; State; Zip Code Midland, TX 79705 Employer (See Instructions) Retired Date Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:	09/30/202			\$3.75
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 10/31/2023 Broadrick, Cathy				
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 10/31/2023 Broadrick, Cathy				
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 10/31/2023 Broadrick, Cathy				
None Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S3.75 Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Broadrick, Cathy Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy Employer (See Instructions) None Retired Principal occupation / Job title (See Instructions) Retired None Employer (See Instructions) None Retired Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Broadrick, Cathy Amount of Contribution (\$) 12/31/2023 Full name of contributor out-of-state PAC (ID#:) Addition, TX 79705 Employer (See Instructions) <				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/31/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Broadrick, Cathy Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy Amount of Contribution (\$) Vidland, TX 79705 Employer (See Instructions) \$3.75 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75 None Midland, TX 79705 Employer (See Instructions) \$3.75 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75 12/31/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$3.75 12/31/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$3.75 Under the pactric paddress; City; State; Zip Code Midland, TX	-	cupation / Job title (See Instructions))
10/31/2023 Broadrick, Cathy \$\$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Retired Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$\$3.75 Oritibutor address; City; State; Zip Code Amount of Contribution (\$) Midland, TX 79705 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) None Broadrick, Cathy \$\$3.75 Odde Midland, TX 79705 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) None Full name of contributor out-of-state PAC (ID#;) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) 12/31/2023 Full name of contributor	None		Retired	
Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor)	
Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Broadrick, Cathy Amount of Contribution (\$) Torributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Midland, TX 79705 Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/31/202			\$3.75
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 12/31/2023 Full name of contributor out-of-state PAC (ID#:) Midland, TX 79705 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75				
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 12/31/2023 Full name of contributor out-of-state PAC (ID#:) Midland, TX 79705 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75				
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 12/31/2023 Full name of contributor out-of-state PAC (ID#:) Midland, TX 79705 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.75		Midland TV 7070E		
None Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) None Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/31/2023 Broadrick, Cathy s3.75 Midland, TX 79705 Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) Midland, TX 79705 Employer (See Instructions) \$3.75 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Drippinglig			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired 12/31/2023 Broadrick, Cathy Amount of Contribution (\$) Midland, TX 79705 Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Midland, TX 79705 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	-	Cupation / Job lille (See instructions))
11/30/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy Amount of Contribution (\$) 12/31/2023 Broadrick, Cathy \$3.75 Midland, TX 79705 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Employer (See Instructions) Broadrick, Cathy State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) None Date Full name of contributor out-of-state PAC (ID#:) Broadrick, Cathy 12/31/2023 Broadrick, Cathy Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions))	.,
Midland, TX 79705 Employer (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/31/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	11/30/202	-		ቅ ሪ ./ ጋ
Principal occupation / Job title (See Instructions) Employer (See Instructions) None Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Broadrick, Cathy Amount of Contribution (\$) Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) None Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Broadrick, Cathy Contributor address; City; State; Zip Code Amount of Contribution (\$) Midland, TX 79705 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) None Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Broadrick, Cathy Amount of Contribution (\$) Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Midland. TX 79705		
None Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/31/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal or		Emplover (See Instructions))
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/31/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)	-			,
12/31/2023 Broadrick, Cathy \$3.75 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Sull name of contributor	1	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)			/	
Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions)	10101202	-		+•···
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Midland, TX 79705		
	Principal oc		Employer (See Instructions))
	-			,

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 27/290 Rpt: 30/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/31/2023	Broadrick, Cathy		\$12.50
	6 Contributor address; City; State; Zip Code		
	Midland, TX 79705		
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/31/2023	Broadrick, Cathy		\$12.50
	Contributor address; City; State; Zip Code		
	Midland, TX 79705	1	
	pation / Job title (See Instructions)	Employer (See Instructions	
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/30/2023	Broadrick, Cathy		\$12.50
	Contributor address; City; State; Zip Code		
	Midland TV 7070F		
Dringingloogu	Midland, TX 79705		、 、
None	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/31/2023	Broadrick, Cathy		\$12.50
	Contributor address; City; State; Zip Code		
	Midland, TX 79705		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
None		Retired	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
11/30/2023	Broadrick, Cathy	/	\$12.50
	Contributor address; City; State; Zip Code		
	Midland, TX 79705		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
None	•	Retired	

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 28/290 Rpt: 31/303		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Every State I	Blue - Texas				00087094	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	12/31/2023	Broadrick, Cathy					\$12.50
		6 Contributor address; City; State; Zip Code			1		
		Midland, TX 79705					
8		pation / Job title (See Instructions)	9	9 Employer (See Instructions	5)		
	None			Retired			
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	12/16/2023	Bruski, Nancy					\$2.50
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	Dringingl oog	Evanston, IL 60201	r	Employer (Coo Instructions			
	Clinical socia	pation / Job title (See Instructions) al worker		Employer (See Instructions Self	5)		
╞			I	Jen	-		
		Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	фо <u>г</u> 00
	07/08/2023						\$25.00
	Contributor address; City; State; Zip Code						
	ļ	Larchmont, NY 10538					
\vdash			Employer (See Instructions	 5)			
	Lawyer			Clifford Chance			
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	08/08/2023	Bucci, Erika					\$25.00
		Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Larchmont, NY 10538					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Lawyer			Clifford Chance			
Γ	Date	Full name of contributor out-of-state	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/08/2023	Bucci, Erika					\$25.00
		Contributor address; City; State; Zip Code					
	ļ						
		Larohmont NV 10529					
	Driveinel.com	Larchmont, NY 10538		Employer (Cool Instructions	Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions Clifford Chance	5)		
	Lawyer						

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 29/290 Rpt: 32/303	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/08/2023			\$25.00
	6 Contributor address; City; State; Zip Code		
	Larchmont, NY 10538		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Lawyer		Clifford Chance	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/08/2023			\$25.00
	Contributor address; City; State; Zip Code		
	Larchmont, NY 10538	1 <u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions	
Lawyer		Clifford Chance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/08/2023	Bucci, Erika		\$25.00
	Contributor address; City; State; Zip Code		
	Larchmont, NY 10538		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	A
Lawyer		Clifford Chance	
	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (¢)
Date 07/29/2023	Full name of contributor out-of-state PAC (ID#: Buck, Lucinda)	Amount of Contribution (\$) \$1.00
0112312023			φ1.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75006		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	I
Accountant		retired	, ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/29/2023			\$1.00
-	Contributor address; City; State; Zip Code		
	Carrollton, TX 75006		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	;)
Accountant		retired	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 30/290 Rpt: 33/303	
2	FILER NAME	FILER NAME			Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/20/2023	Buck, Lucinda. M.				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75006				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Accountant		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/20/2023	Buck, Lucinda. M.				\$2.50
		Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Accountant		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/30/2023	Capps, Emerson				\$1.50
		Contributor address; City; State; Zip Code				
\vdash	Wichita Falls, TX 76308			Ĺ		
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±4 F0
	08/30/2023	Capps, Emerson				\$1.50
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76308				
\vdash			Employer (See Instructions	<u> </u>		
	retired		retired	5)		
┝				1		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀ1 ይበ
	09/30/2023 Capps, Emerson				\$1.50	
	Contributor address; City; State; Zip Code					
		Wichita Falls, TX 76308				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	retired retired			,		
\vdash						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/290 Rpt: 34/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/30/2023 Capps, Emerson \$1.50 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 \$1.50 Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/30/2023 Capps, Emerson \$1.50 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2023 \$5.00 Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 Capps, Emerson \$5.00 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 32/290 Rpt: 35/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Capps, Emerson \$5.00 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 \$5.00 Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Capps, Emerson \$5.00 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/30/2023 \$5.00 Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/29/2023 \$1.50 Cartwright, Mary Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

SCHEDULE	A1
----------	----

ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 33/290 Rpt: 36/303				
		3 Filer ID (Ethics Commission Filers)			
Blue - Texas		00087094			
5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)			
Cartwright, Mary		\$1.50			
6 Contributor address; City; State; Zip Code		•			
Austin, TX 78704					
upation / Job title (See Instructions)	9 Employer (See Instructions	3)			
	retired				
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
Cartwright, Mary		\$1.50			
Contributor address; City; State; Zip Code		1			
upation / Job title (See Instructions)		3)			
)	Amount of Contribution (\$)			
Cartwright, Mary		\$1.50			
Contributor address; City; State; Zip Code					
Austin, TX 78704					
upation / Job title (See Instructions)	Employer (See Instructions	3)			
	retired				
Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
Cartwright, Mary	. <u></u>	\$1.50			
Contributor address; City; State; Zip Code		1			
Ipation / Job title (See Instructions)		\$)			
		.			
)	Amount of Contribution (\$)			
		\$1.50			
Contributor address; City; State; Zip Code					
	Employor (See Instructions	~\			
		>)			
	Blue - Texas 5 Full name of contributor out-of-state PAC (ID#: Cartwright, Mary 6 Contributor address; City; State; Zip Code Austin, TX 78704	Blue - Texas 5 Full name of contributor out-of-state PAC (ID#:			

			1
The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 34/290 Rpt: 37/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/29/2023			\$5.0
.	6 Contributor address; City; State; Zip Code		•
	CUITING address, City, State, 210 5005		
	Austin, TX 78704		
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u> \$)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/29/2023		,	\$5.0
00,221			
	CUITINUUT autress, City, State, 210 5005		
	Austin, TX 78704		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> \$)
retired		retired	7
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/29/2023		/	\$5.0 \$5.0
00/20/2022			•
	CUITITIBUTOR autress, City, State, 210 Conc		
	Austin, TX 78704		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
retired		retired	,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2023	Cartwright, Mary	/	\$5.0
	Contributor address; City; State; Zip Code		•
	Contributor address, City, State, 219 Cost		
	Austin, TX 78704		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
retired		retired	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/29/2023			\$5.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> \$)
retired		retired	,
		<u> </u>	
1			

					_		
Th	ne Instruc	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/290 Rpt: 38/303	
2 FIL	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)	
Ev	very State	Blue - Texas				00087094	-
4 Da	ate	5 Full name of contributor o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
12	2/29/2023	Cartwright, Mary					\$5.00
		6 Contributor address; City; State; Z	Zip Code				
		Austin, TX 78704					
		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
ret	tired			retired			
Da	ate	Full name of contributor 🛛 🗌 o	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07	7/16/2023	Casavant, Michael					\$25.00
		Contributor address; City; State; Z	Zip Code				
Dri	: -:	Plano, TX 75075-4009			Ĺ		
	ncipal occu roduct Man	pation / Job title (See Instructions)		Employer (See Instructions JP Morgan Chase	5)		
					-		
Da			out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
US	3/16/2023	Casavant, Michael					\$25.00
		Contributor address; City; State; Z	۲ip Code در ا				
		Plano, TX 75075-4009					
Pri	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	roduct Man			JP Morgan Chase			
Da	ate	Full name of contributor	Dut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	9/16/2023	Casavant, Michael					\$25.00
		Contributor address; City; State; Z	Zip Code				
			- P				
		Plano, TX 75075-4009					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Pro	roduct Man	ager		JP Morgan Chase			
Da	ate	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10	0/16/2023	Casavant, Michael					\$25.00
	Contributor address; City; State; Zip Code						
		Plano, TX 75075-4009	T				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Pi	roduct Man	ager		JP Morgan Chase			

			-				
The l	nstruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/290 Rpt: 39/303	
2 FILER	NAME				3	Filer ID (Ethics Commission	Filers)
Every	State E	Blue - Texas				00087094	
4 Date		5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
11/16/	/2023	Casavant, Michael	-				\$25.00
		6 Contributor address; City; Sta	te; Zip Code		1		
		1					
		Plano, TX 75075-4009		i			
		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Produ	ict Man	ager		JP Morgan Chase			
Date		Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
12/16/	/2023	Casavant, Michael					\$25.00
		Contributor address; City; Sta	te; Zip Code				
		Plano, TX 75075-4009					
Princin	al occur	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	ict Man			JP Morgan Chase	5)		
Date		Full name of contributor			Г	Amount of Contribution (\$)	
12/16/	12023	Castillo, Joanna	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
± <i>C</i> , ± _V ,		Contributor address; City; Sta	te [.] 7in Code		ł		Ψ0.00
		Contributor address, City, Sta					
		Austin, TX 78765					
Princip	al occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
IT sup	oport			The University of Texas	at	Austin	
Date		Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/27/	/2023	Chaney, Melissa					\$1.50
		Contributor address; City; Sta	te; Zip Code		1		
		New York, NY 10011			Ĺ		
	al occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
artist				self	-		
Date		Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	±4 50
08/27/	/2023	Chaney, Melissa					\$1.50
		Contributor address; City; Sta	te; Zip Code				
		New York, NY 10011					
Princin		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
artist	Jai Uccu			self	5)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/290 Rpt: 40/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/27/2023 Chaney, Melissa \$1.50 6 Contributor address; City; State; Zip Code New York, NY 10011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) artist self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2023 \$1.50 Chaney, Melissa Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/27/2023 Chaney, Melissa \$1.50 Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/27/2023 Chaney, Melissa \$1.50 Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/27/2023 \$5.00 Chaney, Melissa Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 38/290 Rpt: 41/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/27/2023 Chaney, Melissa \$5.00 6 Contributor address; City; State; Zip Code New York, NY 10011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) artist self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/27/2023 \$5.00 Chaney, Melissa Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/27/2023 Chaney, Melissa \$5.00 Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/27/2023 \$5.00 Chaney, Melissa Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/27/2023 \$5.00 Chaney, Melissa Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist self

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 39/290 Rpt: 42/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID)	7	Amount of Contribution (\$)	
	07/30/2023	Clem, Ted				\$2.25
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	08/30/2023	Clem, Ted				\$2.25
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date		D#:)	Τ	Amount of Contribution (\$)	
	09/30/2023	Clem, Ted				\$2.25
		Contributor address; City; State; Zip Code]		
	Drive street every	Austin, TX 78701		L		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)		
				—		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	÷2.05
	10/30/2023	Clem, Ted				\$2.25
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ر</u> ا		
	Retired		Retired	5)		
╞					Amount of Contribution (\$)	
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID Clem, Ted)#:)		Amount of Contribution (\$)	\$2.25
	1110012020					Ψ2.20
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥		
	Retired		Retired	-,		
\vdash						

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 40/290 Rpt: 43/303	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Every State	Blue - Texas		00087094
4 Date 12/30/2023	 5 Full name of contributor out-of-state PAC (ID#: Clem, Ted 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2.25
	Austin, TX 78701		
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions) Retired)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Clem, Ted		\$7.50
	Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Retired		Retired)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: Clem, Ted)	Amount of Contribution (\$) \$7.50
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Retired		Retired	,
Date 09/30/2023	Full name of contributor out-of-state PAC (ID#: Clem, Ted Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$7.50
	Austin, TX 78701		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions) Retired)
Date 10/30/2023	Full name of contributor out-of-state PAC (ID#: Clem, Ted Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$7.50
	Austin, TX 78701		
	ipation / Job title (See Instructions)	Employer (See Instructions)	i)
Retired		Retired	

	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 41/290 Rpt: 44/303	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)	
	Every State	Blue - Texas				00087094	,
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:_)	7	Amount of Contribution (\$)	
	11/30/2023	Clem, Ted					\$7.50
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78701					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor out-of-state PAC	C (ID#:_)		Amount of Contribution (\$)	
	12/30/2023	Clem, Ted					\$7.50
		Contributor address; City; State; Zip Code					
		Aug. 11 70701					
	<u> </u>	Austin, TX 78701			Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Reuleu				_		
	Date		C (ID#:_)		Amount of Contribution (\$)	
	07/24/2023						\$5.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75214					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Physician			Included Health	,		
⊢	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/24/2023	Coker, Jonathan	C (ID#)			\$5.00
	00/24/2020	Contributor address; City; State; Zip Code					<i>40.00</i>
		Contributor address, City, State, Zip Code					
		Dallas, TX 75214					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	. 5)		
	Physician			Included Health			
F	Date	Full name of contributor out-of-state PAC	C (ID#:_)		Amount of Contribution (\$)	
	09/24/2023	Coker, Jonathan					\$5.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75214					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Included Health			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 42/290 Rpt: 45/303
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
10/24/2023	Coker, Jonathan		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75214		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician		Included Health	"
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
11/24/2023	Coker, Jonathan	τ	\$5.00
	Dallas, TX 75214		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Included Health	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
12/24/2023	Coker, Jonathan		\$5.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75214		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Included Health	<i>"</i>
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
07/23/2023	Coker, Megan	[†] ,	\$1.50
-	Contributor address; City; State; Zip Code		1
	DALLAS, TX 75214-3343		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
None		Currently unemployed	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
08/23/2023	Coker, Megan		\$1.50
	Contributor address; City; State; Zip Code		
	DALLAS, TX 75214-3343		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
None		Currently unemployed	»)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/290 Rpt: 46/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/23/2023 Coker, Megan \$1.50 6 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 None Currently unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2023 Coker, Megan \$1.50 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/23/2023 Coker, Megan \$1.50 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/23/2023 Coker, Megan \$1.50 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/23/2023 \$5.00 Coker, Megan Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 44/290 Rpt: 47/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/23/2023 Coker, Megan \$5.00 6 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 None Currently unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2023 Coker, Megan \$5.00 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/23/2023 Coker, Megan \$5.00 Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/23/2023 \$5.00 Coker, Megan Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/23/2023 \$5.00 Coker, Megan Contributor address; City; State; Zip Code DALLAS, TX 75214-3343 Principal occupation / Job title (See Instructions) Employer (See Instructions) None Currently unemployed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 45/290 Rpt: 48/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/21/2023 Collier, Michael \$3.75 6 Contributor address; City; State; Zip Code Kingwood, TX 77345 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2023 \$3.75 Collier, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/21/2023 Collier, Michael \$3.75 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2023 \$3.75 Collier, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/21/2023 \$3.75 Collier, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 46/290 Rpt: 49/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/21/2023 Collier, Michael \$3.75 6 Contributor address; City; State; Zip Code Kingwood, TX 77345 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/21/2023 Collier, Michael \$12.50 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/21/2023 Collier, Michael \$12.50 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/21/2023 \$12.50 Collier, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/21/2023 Collier, Michael \$12.50 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 47/290 Rpt: 50/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/21/2023 Collier, Michael \$12.50 6 Contributor address; City; State; Zip Code Kingwood, TX 77345 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/21/2023 Collier, Michael \$12.50 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/18/2023 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/18/2023 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/18/2023 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 48/290 Rpt: 51/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2023 Compton, Annie \$1.50 6 Contributor address; City; State; Zip Code Austin, TX 78757 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/18/2023 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/18/2023 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/18/2023 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/18/2023 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 49/290 Rpt: 52/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/18/2023 Compton, Annie \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78757 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2023 Compton, Annie \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/18/2023 Compton, Annie \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/03/2023 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artost Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/18/2023 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 50/290 Rpt: 53/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Cotter, John \$5.00 6 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Pllot United Airlines Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 Cotter, John \$5.00 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) **United Airlines** Pllot Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 Cotter, John \$5.00 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pllot **United Airlines** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 \$5.00 Cotter, John Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) **United Airlines** Pllot Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/21/2023 Couvillion, Karyn \$1.50 Contributor address; City; State; Zip Code Austin, TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions) **HR** Specialist Texas Department of Banking

	The Instrue	ction Guide explains how to complete t	this fo	rm.	1	Total pages Schedule A1: Sch: 51/290 Rpt: 54/303	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas				00087094	ŕ
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	08/21/2023	Couvillion, Karyn	、 <u> </u>				\$1.50
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78745					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	HR Specialis	t		Texas Department of Ba	ank	ing	
⊨	Date	Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	09/21/2023	Couvillion, Karyn					\$1.50
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	HR Specialis	t		Texas Department of Ba	ank	ing	
⊨	Date	Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	10/21/2023	Couvillion, Karyn					\$1.50
		Contributor address; City; State; Zip Code					
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	HR Specialis	t		Texas Department of Ba	ank	ing	
F	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	11/21/2023	Couvillion, Karyn					\$1.50
		Contributor address; City; State; Zip Code					
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	HR Specialis	t		Texas Department of Ba	ank	ing	
F	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	12/21/2023	Couvillion, Karyn					\$1.50
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	HR Specialis	t		Texas Department of Ba	ank	ing	
1							

The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 52/290 Rpt: 55/303	
2 FILER NAM	E		3 Filer ID (Ethics Commission File	ers)
Every State	e Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/21/2023				\$5.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78745			
	cupation / Job title (See Instructions)	9 Employer (See Instructions		
HR Specia	list	Texas Department of Ba	anking	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
08/21/2023				\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78745			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
HR Specia	list	Texas Department of Ba	anking	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/21/2023	3 Couvillion, Karyn			\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78745	- · · · · · · · · · · · · · · · · · · ·		
	cupation / Job title (See Instructions)	Employer (See Instructions		
HR Specia	list 	Texas Department of Ba	-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/21/2023	3 Couvillion, Karyn			\$5.00
	Contributor address; City; State; Zip Code			
	Austin TV 7074E			
Dringinal og	Austin, TX 78745 cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
HR Specia		Texas Department of Ba		
			-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	<u>مح مم</u>
11/21/2023				\$5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78745			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
HR Specia		Texas Department of Ba		

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 53/290 Rpt: 56/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/21/2023	Couvillion, Karyn				\$5.00
	1	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78745				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	HR Specialis	st	Texas Department of Ba	ankı	ing	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/01/2023	Cox, Tinker				\$2.50
	l	Contributor address; City; State; Zip Code				
		Decedera TV 77505				
	Dringing oog	Pasadena, TX 77505		->		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
╘				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>фо</u> го
	08/01/2023					\$2.50
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77505				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> ج)		
	Retired		Retired	-,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	09/01/2023	Cox, Tinker				\$2.50
		Contributor address; City; State; Zip Code		•		
		Pasadena, TX 77505				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2023	Cox, Tinker				\$2.50
	I	Contributor address; City; State; Zip Code		1		
L		Pasadena, TX 77505				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 54/290 Rpt: 57/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/01/2023 Cox, Tinker \$2.50 6 Contributor address; City; State; Zip Code Pasadena, TX 77505 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/01/2023 \$2.50 Cox, Tinker Contributor address; City; State; Zip Code Pasadena, TX 77505 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/16/2023 Culbertson, Amy \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/11/2023 DeVinny, Susan \$1.50 Contributor address; City; State; Zip Code Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/11/2023 DeVinny, Susan \$1.50 Contributor address; City; State; Zip Code Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

l			
The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 55/290 Rpt: 58/303	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/11/2023	DeVinny, Susan		\$1.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78749		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
retired		retired	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	DeVinny, Susan	/	\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/11/2023	DeVinny, Susan		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
-	pation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2023	DeVinny, Susan		\$1.50
	Contributor address; City; State; Zip Code		
	Austin TV 70740		
Dringing agou	Austin, TX 78749	Employer (Coo Instructions	
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/11/2023	DeVinny, Susan		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
retired		retired	<i>y</i>

·			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 56/290 Rpt: 59/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/11/2023	DeVinny, Susan		\$5.00
	6 Contributor address; City; State; Zip Code		1
1. Direital assu	Austin, TX 78749		
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	;)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
09/11/2023			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	''
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
10/11/2023	DeVinny, Susan	·/	\$5.00
			
	Austin, TX 78749		
	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/11/2023	DeVinny, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Auction TV 70740		
Drincinal occu	Austin, TX 78749 upation / Job title (See Instructions)	Employer (See Instructions	
retired		retired	;)
Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: DeVinny, Susan)	Amount of Contribution (\$) \$5.00
12/11/2020	-		φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
retired		retired	,

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 57/290 Rpt: 60/303	
2 F	FILER NAME		3 Filer ID (Ethics Commission Filers)	
E	every State	very State Blue - Texas		00087094
4 D	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
1	2/18/2023	Dennis-Jackson, Jamie		\$0.50
		6 Contributor address; City; State; Zip Code		
		San Antonio, TX 78232		
8 P	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
N	lone		Disabled	
D	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
1	2/18/2023	Dodd, Douglas		\$3.63
		Contributor address; City; State; Zip Code		
		Bakersfield, CA 93309		
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
р	orofessor		The California State Uni	iversity
D	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
1	2/18/2023	Dodd, Douglas		\$12.50
		Contributor address; City; State; Zip Code		
		Bakersfield, CA 93309		
		pation / Job title (See Instructions)	Employer (See Instructions	
р	orofessor		The California State Uni	iversity
D	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
0	7/30/2023	Drablos, Kelly		\$7.50
		Contributor address; City; State; Zip Code		
		Dallas, TX 75235		
		pation / Job title (See Instructions)	Employer (See Instructions	3)
A	Attorney		Retired	
D	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0	8/30/2023	Drablos, Kelly		\$7.50
		Contributor address; City; State; Zip Code		
		Dallas, TX 75235		
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
A	Attorney		Retired	
			-	

			1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.			Sch: 58/290 Rpt: 61/303
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/30/2023	Drablos, Kelly		\$7.50
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75235		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Attorney		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Drablos, Kelly		\$25.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75235	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Attorney		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Drablos, Kelly		\$25.00
	Contributor address; City; State; Zip Code		
	Dallas TV 75005		
Dringing ogg	Dallas, TX 75235	Employer (See Instructions	
Attorney	ipation / Job title (See Instructions)	Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Drablos, Kelly		\$25.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75235		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Attorney		Retired	''
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/24/2023	Full name of contributor out-of-state PAC (ID#: Ehrhardt, Harryette)	\$1.00
0112712020	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Dallas, TX 75219-5516		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
	her and state representative	retired teacher and state	
			· · · · · · · · · · · · · · · · · · ·

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 59/290 Rpt: 62/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	very State Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/24/2023	Ehrhardt, Harryette		\$1.00
	6 Contributor address; City; State; Zip Code		1
		I	
	Dallas, TX 75219-5516		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired teach	ner and state representative	retired teacher and state	e representative
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/24/2023	Ehrhardt, Harryette		\$5.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75219-5516	l	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
-	ner and state representative	retired teacher and state	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
08/24/2023	Ehrhardt, Harryette	/	\$5.00
00/24/2020			+0.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219-5516	l	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~
•	her and state representative	retired teacher and state	
			-
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/30/2023	Elliott, Deborah		\$0.50
	Contributor address; City; State; Zip Code	l	
		I	
	Giddings, TX 78942		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Registered N		retired	<i>,</i> ,
_			Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$0.50
08/30/2023	Elliott, Deborah		
	Contributor address; City; State; Zip Code	I	
	Giddings, TX 78942	1 _ · · · · · · · · · · · · · · · · · ·	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Registered N	Nurse	retired	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 60/290 Rpt: 63/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Elliott, Deborah \$0.50 6 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 \$0.50 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Elliott, Deborah \$0.50 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/30/2023 \$0.50 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/10/2023 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 61/290 Rpt: 64/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Elliott, Deborah \$5.00 6 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2023 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/30/2023 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2023 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 62/290 Rpt: 65/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2023 Elliott, Deborah \$5.00 6 Contributor address; City; State; Zip Code Giddings, TX 78942 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/10/2023 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/10/2023 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 63/290 Rpt: 66/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/30/2023 Elliott, Deborah \$5.00 6 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/14/2023 Erickson, Amanda \$1.00 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/14/2023 Erickson, Amanda \$1.00 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/14/2023 Erickson, Amanda \$1.00 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) RGA BSA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2023 \$1.00 Erickson, Amanda Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 64/290 Rpt: 67/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/14/2023 Erickson, Amanda \$1.00 6 Contributor address; City; State; Zip Code Austin, TX 78717 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) BSA RGA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2023 Erickson, Amanda \$1.00 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/14/2023 Erickson, Amanda \$2.50 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/14/2023 \$2.50 Erickson, Amanda Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) RGA BSA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/14/2023 \$2.50 Erickson, Amanda Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 65/290 Rpt: 68/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/14/2023 Erickson, Amanda \$2.50 6 Contributor address; City; State; Zip Code Austin, TX 78717 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) BSA RGA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/14/2023 \$2.50 Erickson, Amanda Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/14/2023 Erickson, Amanda \$2.50 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/18/2023 Evans, Carlyn \$1.50 Contributor address; City; State; Zip Code Saginaw, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accounting Standard Meat Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/18/2023 Evans, Carlyn \$1.50 Contributor address; City; State; Zip Code Saginaw, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accounting Standard Meat

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 66/290 Rpt: 69/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	09/18/2023	Evans, Carlyn				\$1.50
		6 Contributor address; City; State; Zip Code		1		
		Saginaw, TX 76179				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Accounting		Standard Meat			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	10/18/2023	Evans, Carlyn				\$1.50
		Contributor address; City; State; Zip Code		1		
		Saginaw, TX 76179				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Accounting		Standard Meat			
F	Date	Full name of contributor out-of-state PAC (ID#:	·)	Ī	Amount of Contribution (\$)	
	11/18/2023	Evans, Carlyn				\$1.50
		Contributor address; City; State; Zip Code		1		
		Saginaw, TX 76179				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Accounting		Standard Meat			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	12/18/2023	Evans, Carlyn				\$1.50
		Contributor address; City; State; Zip Code		1		
		Saginaw, TX 76179	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Accounting		Standard Meat			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/18/2023	Evans, Carlyn				\$5.00
		Contributor address; City; State; Zip Code		1		
		Saginaw, TX 76179				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Accounting		Standard Meat			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 67/290 Rpt: 70/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/18/2023			\$5.00
	6 Contributor address; City; State; Zip Code		1
	Saginaw, TX 76179		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Accounting		Standard Meat	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2023	Evans, Carlyn		\$5.00
	Contributor address; City; State; Zip Code		1
	Saginaw, TX 76179		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Accounting		Standard Meat	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2023	Evans, Carlyn		\$5.00
	Contributor address; City; State; Zip Code		1
	Saginaw, TX 76179		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Accounting		Standard Meat	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/18/2023	Evans, Carlyn		\$5.00
	Contributor address; City; State; Zip Code		1
	Saginaw, TX 76179	1 _ · /o hastaatiaa	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Accounting		Standard Meat	<u>.</u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/18/2023			\$5.00
	Contributor address; City; State; Zip Code		
	Coginow TV 76170		
Drizpipal app	Saginaw, TX 76179		
-	upation / Job title (See Instructions)	Employer (See Instructions Standard Meat	3)
Accounting		Stanuaru weat	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 68/290 Rpt: 71/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Ewald, Bart \$1.50 6 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2023 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2023 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 69/290 Rpt: 72/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/30/2023 Ewald, Bart \$1.50 6 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 Ewald, Bart \$5.00 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/30/2023 Ewald, Bart \$5.00 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2023 \$5.00 Ewald, Bart Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 \$5.00 Ewald, Bart Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 70/290 Rpt: 73/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/30/2023 Ewald, Bart \$5.00 6 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/30/2023 Ewald, Bart \$5.00 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/10/2023 Farrar, Gail \$1.50 Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2023 Farrar, Gail \$1.50 Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/10/2023 Farrar, Gail \$1.50 Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 71/290 Rpt: 74/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2023 Farrar, Gail \$1.50 6 Contributor address; City; State; Zip Code San Marcos, TX 78666 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/10/2023 Farrar, Gail \$5.00 Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/10/2023 \$5.00 Farrar, Gail Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2023 \$5.00 Farrar, Gail Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2023 \$5.00 Farrar, Gail Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

_							
	The Instru	ction Guide explains how to complete t	this fo	orm.	1	Total pages Schedule A1: Sch: 72/290 Rpt: 75/303	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas				00087094	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:_)	7	Amount of Contribution (\$)	
	09/01/2023	Ferguson, Rebecca					\$1.50
		6 Contributor address; City; State; Zip Code					
		Wylie, TX 75098					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	retired			retired	-		
	Date	Full name of contributor out-of-state PAC	C (ID#:_)		Amount of Contribution (\$)	
	10/01/2023						\$1.50
		Contributor address; City; State; Zip Code					
		Wylie, TX 75098					
_	Princinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ו)		
	retired			retired	''		
	Date	Full name of contributor out-of-state PAC				Amount of Contribution (\$)	
	11/01/2023	Ferguson, Rebecca	ວ (ເບπ				\$1.50
	11,01,2022	Contributor address; City; State; Zip Code					¥=.00
		Wylie, TX 75098					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC	C (ID#:_)		Amount of Contribution (\$)	
	12/01/2023	Ferguson, Rebecca					\$1.50
		Contributor address; City; State; Zip Code					
	Dringing ogg	Wylie, TX 75098		Employer (Cool Instructions			
	Principal occu retired	ipation / Job title (See Instructions)		Employer (See Instructions retired	5)		
╞				Teureu	1	· · · · · · · · · · · · · · · · · · ·	
	Date 09/01/2023	Full name of contributor out-of-state PAC Ferguson, Rebecca	C (ID#:)		Amount of Contribution (\$)	\$5.00
	09/01/2025						φ <u>0</u> .00
		Contributor address; City; State; Zip Code					
		Wylie, TX 75098					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	retired			retired			
			I				

SCHEDULE	Α	1
----------	---	---

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 73/290 Rpt: 76/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/01/2023	Ferguson, Rebecca				\$5.00
		6 Contributor address; City; State; Zip Code		ł		• •
		Wylie, TX 75098				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	retired	,	retired	-,		
╞		Full name of contributor Out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	Date)		Amount of Contribution (\$)	ቀፍ ሰብ
	11/01/2023	Ferguson, Rebecca				\$5.00
		Contributor address; City; State; Zip Code				
	D :	Wylie, TX 75098		Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/01/2023	Ferguson, Rebecca				\$5.00
		Contributor address; City; State; Zip Code		1		
		Wylie, TX 75098				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/31/2023	Foerster, Sharon				\$1.50
		Contributor address; City; State; Zip Code		ł		
		AUSTIN, TX 78703				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		nish professro	retired	-		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/30/2023	Foerster, Sharon	/		Allount of Contribution (*)	\$1.50
	11/00/2020			ł		Ψ1.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78703				
\vdash	Dringingl occu		Employer (See Instructions	<u> </u>		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Relited Spar	nish professro	retired			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 74/290 Rpt: 77/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/31/2023	Foerster, Sharon		\$1.50
	6 Contributor address; City; State; Zip Code		1
	AUSTIN, TX 78703		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired Spar	nish professro	retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/31/2023	Foerster, Sharon		\$5.00
	Contributor address; City; State; Zip Code]
	ALICTINE TV 20202		
Dringing oggu	AUSTIN, TX 78703		
	pation / Job title (See Instructions) nish professro	Employer (See Instructions retired	3)
	·		T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Foerster, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78703		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	nish professro	retired	<i>"</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
12/31/2023	Foerster, Sharon	/	\$5.00
14,01,2020	Contributor address; City; State; Zip Code		
	Culturbulur duuress, City, State, Lip Code		
	AUSTIN, TX 78703		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired Spar	nish professro	retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/12/2023	Frey, Dale		\$2.00
	Contributor address; City; State; Zip Code		1
	THE COLONY, TX 75056		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Web Develor	per and Systems Administrator	Mobomo, LLC	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 75/290 Rpt: 78/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/12/2023 Frey, Dale \$2.00 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/12/2023 \$2.00 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/12/2023 Frey, Dale \$2.00 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/12/2023 \$2.00 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/12/2023 \$2.00 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 76/290 Rpt: 79/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/12/2023 Frey, Dale \$7.50 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/12/2023 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/12/2023 Frey, Dale \$7.50 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/12/2023 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/12/2023 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 77/290 Rpt: 80/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/12/2023 Frey, Dale \$7.50 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Web Developer and Systems Administrator Mobomo, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/07/2023 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/07/2023 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/07/2023 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/07/2023 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 78/290 Rpt: 81/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/07/2023 Frost, Lucy \$0.50 6 Contributor address; City; State; Zip Code Manchaca, TX 78652 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/07/2023 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/30/2023 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 79/290 Rpt: 82/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/30/2023 Fuller, Edna \$1.80 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2023 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/30/2023 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2023 \$6.00 Fuller, Edna Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 \$6.00 Fuller, Edna Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 80/290 Rpt: 83/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Fuller, Edna \$6.00 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 Fuller, Edna \$6.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Fuller, Edna \$6.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/30/2023 \$6.00 Fuller, Edna Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/27/2023 \$1.50 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 81/290 Rpt: 84/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/27/2023 Galloway, Melanie \$1.50 6 Contributor address; City; State; Zip Code ljamsville, MD 21754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/27/2023 Galloway, Melanie \$1.50 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/27/2023 Galloway, Melanie \$1.50 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/27/2023 Galloway, Melanie \$1.50 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/27/2023 \$1.50 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 82/290 Rpt: 85/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/27/2023 Galloway, Melanie \$5.00 6 Contributor address; City; State; Zip Code ljamsville, MD 21754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/27/2023 Galloway, Melanie \$5.00 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/27/2023 Galloway, Melanie \$5.00 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2023 \$5.00 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/27/2023 \$5.00 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 83/290 Rpt: 86/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/27/2023 Galloway, Melanie \$5.00 6 Contributor address; City; State; Zip Code ljamsville, MD 21754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/08/2023 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/08/2023 \$1.50 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/08/2023 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 84/290 Rpt: 87/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/08/2023 Garcia, Jesse \$1.50 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/08/2023 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/08/2023 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/08/2023 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 85/290 Rpt: 88/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2023 Garcia, Jesse \$5.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/08/2023 Garcia, Jesse \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/08/2023 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2023 Garcia, Lisha \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTSA project manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 Garcia, Lisha \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) project manager UTSA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 86/290 Rpt: 89/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Garcia, Lisha \$1.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78247 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) project manager UTSA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 Garcia, Lisha \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTSA project manager Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Garcia, Lisha \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) project manager UTSA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/30/2023 Garcia, Lisha \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTSA project manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 \$2.50 Garcia, Lisha Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) project manager UTSA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 87/290 Rpt: 90/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/30/2023 Garcia, Lisha \$2.50 6 Contributor address; City; State; Zip Code San Antonio, TX 78247 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) project manager UTSA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 \$2.50 Garcia, Lisha Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTSA project manager Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/30/2023 Garcia, Lisha \$2.50 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) project manager UTSA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 \$2.50 Garcia, Lisha Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTSA project manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/30/2023 \$2.50 Garcia, Lisha Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) project manager UTSA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 88/290 Rpt: 91/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/12/2023 Garza, Alicia \$1.00 6 Contributor address; City; State; Zip Code Malden, MA 02148 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Software Engineer NGP VAN Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2023 Garza, Alicia \$1.00 Contributor address; City; State; Zip Code Malden, MA 02148 Principal occupation / Job title (See Instructions) Employer (See Instructions) NGP VAN Software Engineer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/12/2023 Garza, Alicia \$2.50 Contributor address; City; State; Zip Code Malden, MA 02148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Software Engineer NGP VAN Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2023 \$2.50 Garza, Alicia Contributor address; City; State; Zip Code Malden, MA 02148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Software Engineer NGP VAN Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/07/2023 \$2.25 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 89/290 Rpt: 92/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/07/2023 Goette, Edna \$2.25 6 Contributor address; City; State; Zip Code Port Isabel, TX 78578 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) teacher retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/07/2023 \$2.25 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/07/2023 Goette, Edna \$2.25 Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/07/2023 \$2.25 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/07/2023 \$2.25 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 90/290 Rpt: 93/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/07/2023 Goette, Edna \$7.50 6 Contributor address; City; State; Zip Code Port Isabel, TX 78578 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) teacher retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/07/2023 \$7.50 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/07/2023 Goette, Edna \$7.50 Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/07/2023 \$7.50 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/07/2023 \$7.50 Goette, Edna Contributor address; City; State; Zip Code Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) teacher retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 91/290 Rpt: 94/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/07/2023 Goette, Edna \$7.50 6 Contributor address; City; State; Zip Code Port Isabel, TX 78578 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) teacher retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/18/2023 Griffith, Idona \$1.50 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/18/2023 Griffith, Idona \$1.50 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/18/2023 Griffith, Idona \$1.50 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2023 Griffith, Idona \$1.50 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 92/290 Rpt: 95/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/18/2023 Griffith, Idona \$1.50 6 Contributor address; City; State; Zip Code Austin, TX 78759 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/18/2023 Griffith, Idona \$5.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/18/2023 Griffith, Idona \$5.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/18/2023 \$5.00 Griffith, Idona Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2023 \$5.00 Griffith, Idona Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 93/290 Rpt: 96/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/18/2023 Griffith, Idona \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78759 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/09/2023 Grubb, Greg \$1.50 Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/09/2023 Grubb, Greg \$1.50 Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/09/2023 Grubb, Greg \$1.50 Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/09/2023 Grubb, Greg \$1.50 Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 94/290 Rpt: 97/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State B	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/09/2023	Grubb, Greg		\$1.50
I	6 Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
12/09/2023	Grubb, Greg		\$1.50
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/09/2023	Grubb, Greg		\$5.00
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75701	-	
· · ·	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/09/2023	Grubb, Greg		\$5.00
1 1	Contributor address; City; State; Zip Code]
1 1			
1 1			
Duin single age	Tyler, TX 75701		<u> </u>
· · ·	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2023	Grubb, Greg		\$5.00
1 1	Contributor address; City; State; Zip Code		
1 1			
	Tular TV 75701		
Drizzinal agai	Tyler, TX 75701		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
1			
1			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 95/290 Rpt: 98/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/09/2023	Grubb, Greg		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/09/2023	Grubb, Greg		\$5.00
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75701	1	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/09/2023	Grubb, Greg		\$5.00
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Guy, Linda		\$1.50
	Contributor address; City; State; Zip Code]
	Austin TV 70704		
Drizzinal acou	Austin, TX 78704		
	upation / Job title (See Instructions) e Practitioner	Employer (See Instructions retired	3)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Guy, Linda		\$1.50
	Contributor address; City; State; Zip Code		
D in single and	Austin, TX 78704		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
retirea Nurse	e Practitioner	retired	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 96/290 Rpt: 99/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Guy, Linda \$1.50 6 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 retired Nurse Practitioner retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 Guy, Linda \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Nurse Practitioner retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Guy, Linda \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Nurse Practitioner retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/30/2023 Guy, Linda \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Nurse Practitioner retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 \$5.00 Guy, Linda Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Nurse Practitioner retired

The Instruc	tion Guide explains how to cor	nplete this form.	1	Total pages Schedule A1: Sch: 97/290 Rpt: 100/303	
2 FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
Every State E	Blue - Texas			00087094	-
		of-state PAC (ID#:) 7	Amount of Contribution (\$)	
08/30/2023	Guy, Linda				\$5.00
	6 Contributor address; City; State; Zip (Code			
	Austin, TX 78704				
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
retired Nurse	Practitioner	retired			
Date	Full name of contributor 🗌 out-o	of-state PAC (ID#:)	Amount of Contribution (\$)	
09/30/2023	Guy, Linda				\$5.00
	Contributor address; City; State; Zip (Code			
	Austin, TX 78704				
	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
retired Nurse	Practitioner	retired			
Date		of-state PAC (ID#:)	Amount of Contribution (\$)	
10/30/2023	Guy, Linda				\$5.00
	Contributor address; City; State; Zip (
	Austin TV 70701				
Drizcipal acour	Austin, TX 78704				
retired Nurse	pation / Job title (See Instructions) Practitioner	Employer (See Instruc retired	tions)		
Date		of-state PAC (ID#:)	Amount of Contribution (\$)	۳ ۲ 00
11/30/2023	Guy, Linda				\$5.00
	Contributor address; City; State; Zip (Code			
	Austin, TX 78704				
I Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
retired Nurse		retired	,		
Date	Full name of contributor	of-state PAC (ID#:	<u>`</u>	Amount of Contribution (\$)	
12/30/2023	Guy, Linda		′		\$5.00
	Contributor address; City; State; Zip (Code			* -
	Austin, TX 78704				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
retired Nurse	Practitioner	retired			
		1			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 98/290 Rpt: 101/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/21/2023 Hartman, Eric 6 Contributor address; City; State; Zip Code Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) attorney retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2023 Hartman, Eric Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/21/2023 Hartman, Eric Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2023 Hartman, Eric Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/21/2023 Hartman, Eric Contributor address; City; State; Zip Code

	Austin, TX 78703		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
attorney		retired	

\$5.00

\$5.00

\$5.00

\$5.00

\$5.00

ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 99/290 Rpt: 102/303	
		3 Filer ID (Ethics Commission Filers)
Blue - Texas		00087094
5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
Hartman, Eric		\$5.00
6 Contributor address; City; State; Zip Code		
-		
Austin, TX 78703		
upation / Job title (See Instructions)	9 Employer (See Instructions	
	retired	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Hecker, Marvin		\$1.50
Contributor address; City; State; Zip Code		
pation / Job title (See Instructions)		;)
	Retired	
—)	Amount of Contribution (\$)
Hecker, Marvin		\$1.50
Contributor address; City; State; Zip Code		
		<u> </u>
pation / Job title (See instructions)		;)
)	Amount of Contribution (\$)
		\$1.50
Contributor address; City; State; Zip Code		
Δuctin TX 78746		
	Employer (See Instructions	<u></u>
		<i>'</i>
		A
)	Amount of Contribution (\$) \$1.50
		φ±.50
Contributor address; City; State; Zip Coue		
Austin. TX 78746		
	Employer (See Instructions	<u> </u> ;)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Retired	,
	Blue - Texas 5 Full name of contributor out-of-state PAC (ID#:	Blue - Texas 5 Full name of contributor out-of-state PAC (ID#:

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 100/290 Rpt: 103/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I			00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/30/2023	Hecker, Marvin		\$1.5
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78746		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2023	Hecker, Marvin		\$1.5
	Contributor address; City; State; Zip Code		1
	Austin, TX 78746		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/30/2023	Hecker, Marvin		\$5.0
	Contributor address; City; State; Zip Code		•
	Austin, TX 78746		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Hecker, Marvin		\$5.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78746		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Hecker, Marvin		\$5.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78746		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 101/290 Rpt: 104/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
10/30/2023			\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78746	-	<u> </u>
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/30/2023			\$5.00
	Contributor address; City; State; Zip Code]
	Austin, TX 78746		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired	·	Retired	·
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/30/2023	Hecker, Marvin		\$5.00
	Contributor address; City; State; Zip Code]
	Austin TV 70746		
Duit singly age	Austin, TX 78746		<u> </u>
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	3)
		Retired	T
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
07/31/2023			\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78741		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Retired		Retired	»)
			1 Amount of Constribution (\$)
Date 08/31/2023	Full name of contributor out-of-state PAC (ID#: Henderson, Larry)	Amount of Contribution (\$) \$2.50
00/31/2023			ψ2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78741		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	<i>,</i> ,
1			

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 102/290 Rpt: 105/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/30/2023	Henderson, Larry		\$2.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78741		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/31/2023	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78741		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/30/2023	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78741		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2023	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78741	 	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/02/2023	Hernandez, Jacob		\$1.50
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78254	 	
-	upation / Job title (See Instructions)	Employer (See Instructions	
Temporary E	Business Manager for Law School Publications	Leading Edge Personne	el/St. Mary's University

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 103/290 Rpt: 106/303	
2 FILER N	IAME		3 Filer ID (Ethics Commission Filers)	
Every S	State Blue - Texas		00087094	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
08/02/20			\$1.50	
	6 Contributor address; City; State; Zip Code		4	
	San Antonio, TX 78254		l	
	l occupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Tempor	rary Business Manager for Law School Publications	Leading Edge Personne	el/St. Mary's University	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/02/20	2023 Hernandez, Jacob		\$1.50	
	Contributor address; City; State; Zip Code		4	
l				
l	San Antonio, TX 78254			
-	l occupation / Job title (See Instructions)	Employer (See Instructions		
Tempor	rary Business Manager for Law School Publications	Leading Edge Personne	el/St. Mary's University	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/02/20	2023 Hernandez, Jacob		\$1.50	
	Contributor address; City; State; Zip Code	,	1	
L	San Antonio, TX 78254			
	l occupation / Job title (See Instructions)	Employer (See Instructions	•	
Гептрон	rary Business Manager for Law School Publications	Leading Edge Personne		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/02/20	·		\$5.00	
1	Contributor address; City; State; Zip Code]	
l				
1	San Antonio, TX 78254			
Drincinal		T Employer (See Instruction)		
-	l occupation / Job title (See Instructions) rary Business Manager for Law School Publications	Employer (See Instructions Leading Edge Personne		
	· · ·			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/02/20			\$5.00	
	Contributor address; City; State; Zip Code			
1				
	San Antonio, TX 78254			
Principal	l occupation / Job title (See Instructions)	Employer (See Instructions	e)	
-	rary Business Manager for Law School Publications	Leading Edge Personne		
1				

⊢					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 104/290 Rpt: 107/303		
2	FILER NAME	R NAME		3 Filer ID (Ethics Commission Filers)	
		ery State Blue - Texas		00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
	09/02/2023	Hernandez, Jacob		\$5.00	
	••••	6 Contributor address; City; State; Zip Code			
		San Antonio, TX 78254			
8	Principal occu	l	9 Employer (See Instructions	<u> </u>	
ľ			Leading Edge Personne	•	
╞					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/02/2023	Hernandez, Jacob		\$5.00	
		Contributor address; City; State; Zip Code			
L		San Antonio, TX 78254		<u> </u>	
		Ipation / Job title (See Instructions)	Employer (See Instructions	•	
L	Temporary E	Business Manager for Law School Publications	Leading Edge Personne	الج Mary's University	
Γ	Date	Full name of contributor Dut-of-state PAC (ID#:)	Amount of Contribution (\$)	
	07/31/2023	Holton, Mariah		\$1.50	
		Contributor address; City; State; Zip Code		1	
		Lexington, TX 78947-6231			
		upation / Job title (See Instructions)	Employer (See Instructions	3)	
	bookkeeper		self		
	Date	Date Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
	08/31/2023	Holton, Mariah		\$1.50	
		Contributor address; City; State; Zip Code			
		Lexington, TX 78947-6231			
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
	bookkeeper		self		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	09/30/2023 Holton, Mariah		, Ì	\$1.50	
	00,00,2022	Contributor address; City; State; Zip Code			
		Continuation address, City, State, Zip Code			
		Lexington, TX 78947-6231			
\vdash	Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	bookkeeper		self	<i>›</i> /	
\vdash	DUURRECPCI		5011		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 105/290 Rpt: 108/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/31/2023 Holton, Mariah \$1.50 6 Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 bookkeeper self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 Holton, Mariah \$1.50 Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/31/2023 Holton, Mariah \$1.50 Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/31/2023 \$5.00 Holton, Mariah Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/31/2023 \$5.00 Holton, Mariah Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 106/290 Rpt: 109/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Holton, Mariah \$5.00 6 Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 bookkeeper self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/31/2023 Holton, Mariah \$5.00 Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Holton, Mariah \$5.00 Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/31/2023 \$5.00 Holton, Mariah Contributor address; City; State; Zip Code Lexington, TX 78947-6231 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/20/2023 \$4.00 Hulit, Carol Contributor address; City; State; Zip Code Miami, FL 33155 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

The Instruc	tion Guido ovalains hou	w to complete this	form	1 Total pages Schedule A1:	
	tion Guide explains ho			Sch: 107/290 Rpt: 110/303	
2 FILER NAME	·· _			3 Filer ID (Ethics Commission Fi	ilers)
Every State B				00087094	
4 Date ! 10/20/2023	5 Full name of contributor Hulit, Carol	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$4.00
	6 Contributor address; City; S	State; Zip Code			
	Miami, FL 33155				
B Principal occup	oation / Job title (See Instruction	ıs)	9 Employer (See Instructions)	
retired			retired		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2023	Hulit, Carol				\$4.00
		State: Zip Code			
	Miami, FL 33155				
Principal occup	pation / Job title (See Instruction	 IS)	Employer (See Instructions))	
retired		,	retired	,	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2023	Hulit, Carol		/		\$4.00
					+
		Stata: /in (Code		Į.	
	Contributor address; City; S	State; Zip Code			
	Contributor address, City, C	State; Zip Code			
	Miami, FL 33155	State; Zip Code			
Principal occup			Employer (See Instructions)	
Principal occup retired	Miami, FL 33155		Employer (See Instructions retired)	
retired	Miami, FL 33155 pation / Job title (See Instruction	ns)	retired	-	
retired Date	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor		retired	S) Amount of Contribution (\$)	\$3.75
retired	Miami, FL 33155 pation / Job title (See Instruction Full name of contributor Hunziker, J Emil	ns)	retired	-	\$3.75
retired Date	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor	ns)	retired	-	\$3.75
retired Date	Miami, FL 33155 pation / Job title (See Instruction Full name of contributor Hunziker, J Emil	ns)	retired	-	\$3.75
retired Date	Miami, FL 33155 pation / Job title (See Instruction Full name of contributor Hunziker, J Emil	ns)	retired	-	\$3.75
retired Date 07/09/2023	Miami, FL 33155 pation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S	out-of-state PAC (ID#: State; Zip Code	retired	Amount of Contribution (\$)	\$3.75
retired Date 07/09/2023	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction	out-of-state PAC (ID#: State; Zip Code	retired)	Amount of Contribution (\$)	\$3.75
retired Date 07/09/2023 Principal occup VOLUNTEER	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM	IS)	retired) 	Amount of Contribution (\$)	\$3.75
retired Date 07/09/2023 Principal occup VOLUNTEER Date	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM	out-of-state PAC (ID#:	retired) 	Amount of Contribution (\$)	
retired Date 07/09/2023 Principal occup VOLUNTEER	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM Full name of contributor Hunziker, J Emil	IS) out-of-state PAC (ID#: State; Zip Code IS) out-of-state PAC (ID#:	retired) 	Amount of Contribution (\$)	\$3.75
retired Date 07/09/2023 Principal occup VOLUNTEER Date	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM	IS) out-of-state PAC (ID#: State; Zip Code IS) out-of-state PAC (ID#:	retired) 	Amount of Contribution (\$)	
retired Date 07/09/2023 Principal occup VOLUNTEER Date	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM Full name of contributor Hunziker, J Emil	IS) out-of-state PAC (ID#: State; Zip Code IS) out-of-state PAC (ID#:	retired) 	Amount of Contribution (\$)	
retired Date 07/09/2023 Principal occup VOLUNTEER Date	Miami, FL 33155 Dation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 Dation / Job title (See Instruction RISM Full name of contributor Hunziker, J Emil Contributor address; City; S	IS) out-of-state PAC (ID#: State; Zip Code IS) out-of-state PAC (ID#:	retired) 	Amount of Contribution (\$)	
retired Date 07/09/2023 Principal occup VOLUNTEER Date 08/09/2023	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751	IS) out-of-state PAC (ID#: State; Zip Code out-of-state PAC (ID#: State; Zip Code	retired) Employer (See Instructions RETIRED)	Amount of Contribution (\$)	
retired Date 07/09/2023 Principal occup VOLUNTEER Date 08/09/2023	Miami, FL 33155 bation / Job title (See Instruction Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction RISM Full name of contributor Hunziker, J Emil Contributor address; City; S Austin, TX 78751 bation / Job title (See Instruction	IS) out-of-state PAC (ID#: State; Zip Code out-of-state PAC (ID#: State; Zip Code	retired) 	Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form.	Tatal magica Cabadula A1.
EILER NAME	L Total pages Schedule A1: Sch: 108/290 Rpt: 111/303
	B Filer ID (Ethics Commission Filers)
Every State Blue - Texas	00087094
Date 5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)
09/09/2023 Hunziker, J Emil	\$3.75
6 Contributor address; City; State; Zip Code	
Austin, TX 78751	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) VOLUNTEEDISM DETUDED	
VOLUNTEERISM RETIRED	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/09/2023 Hunziker, J Emil	\$3.75
Contributor address; City; State; Zip Code	
Austin, TX 78751	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
VOLUNTEERISM RETIRED	
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 11/09/2023 Hunziker, J Emil	Amount of Contribution (\$) \$3.75
	ψυ. ι υ
Contributor address; City; State; Zip Code	
Austin, TX 78751	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VOLUNTEERISM RETIRED	
	Amount of Contribution (\$)
VOLUNTEERISM	Amount of Contribution (\$) \$3.75
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:)	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil Contributor address; City; State; Zip Code	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil Contributor address; City; State; Zip Code Austin, TX 78751	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	\$3.75
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	\$3.75 Amount of Contribution (\$)
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	\$3.75 Amount of Contribution (\$)
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	\$3.75 Amount of Contribution (\$)
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	\$3.75 Amount of Contribution (\$)
VOLUNTEERISM RETIRED Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Hunziker, J Emil	\$3.75 Amount of Contribution (\$)

				_		
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 109/290 Rpt: 112/303	
2	FILER NAME			3	Filer ID (Ethics Commission	
-		Blue - Texas		-	00087094	1 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/09/2023	Hunziker, J Emil				\$12.50
	1	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ł					
I		Austin, TX 78751				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
I	VOLUNTEE	RISM	RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/09/2023	Hunziker, J Emil				\$12.50
	1	Contributor address; City; State; Zip Code		1		
	ł					
	1					
	ł	Austin, TX 78751				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	VOLUNTEE	RISM	RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/09/2023	Hunziker, J Emil				\$12.50
	ļ	Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ					
	1	Austin, TX 78751				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	VOLUNTEE	RISM	RETIRED			
F	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/09/2023	Hunziker, J Emil				\$12.50
		Contributor address; City; State; Zip Code		ł		·
	ļ					
	ļ					
	1	Austin, TX 78751				
⊢	Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	VOLUNTEE		RETIRED			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	12/09/2023	Hunziker, J Emil				\$12.50
		Contributor address; City; State; Zip Code		ł		
	ł					
	1					
	ł	Austin, TX 78751				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> ج)		
	VOLUNTEE		RETIRED	"		
⊢	•••					

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 110/290 Rpt: 113/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/16/2023			\$1.50
	6 Contributor address; City; State; Zip Code		1
Dringinal occu	Fort Worth, TX 76102 upation / Job title (See Instructions)	9 Employer (See Instructions	~1
Retired		Retired	3)
			Learning of Constribution (#)
Date 12/16/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$5.00
12/10/2023			φυ.υυ
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76102		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/17/2023	Johnson, Anne		\$1.50
	Contributor address; City; State; Zip Code		•
	Mesquite, TX 75149		<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/24/2023			\$1.50
	Contributor address; City; State; Zip Code		
	Mesquite, TX 75149		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/17/2023			\$1.50
	Contributor address; City; State; Zip Code		•
	Mesquite, TX 75149		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
1			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 111/290 Rpt: 114/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/17/2023 Johnson, Anne \$1.50 6 Contributor address; City; State; Zip Code Mesquite, TX 75149 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2023 Johnson, Anne \$1.50 Contributor address; City; State; Zip Code Mesquite, TX 75149 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/17/2023 Johnson, Anne \$1.50 Contributor address; City; State; Zip Code Mesquite, TX 75149 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/17/2023 \$5.00 Johnson, Anne Contributor address; City; State; Zip Code Mesquite, TX 75149 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/24/2023 \$5.00 Johnson, Anne Contributor address; City; State; Zip Code Mesquite, TX 75149 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 112/290 Rpt: 115/303	
2	FILER NAME				3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas				00087094	ŗ
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
Γ.	08/17/2023	Johnson, Anne)	Ľ		\$5.00
	00/11/2020		ato: Zin Codo		1		<i>40.00</i>
		Contributor address, City, Sta	ale, Zip Coue				
		Mesquite, TX 75149					
	Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	<u>ا</u> د)		
ľ	Retired			Retired	5)		
╘					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/17/2023	Johnson, Anne					\$5.00
		Contributor address; City; Sta	ate; Zip Code				
		Mesquite, TX 75149					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/17/2023	Johnson, Anne					\$5.00
		Contributor address; City; Sta					
		Mesquite, TX 75149					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Retired			Retired			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/17/2023	Johnson, Anne		/			\$5.00
		Contributor address; City; Sta	ate: Zin Code		ł		
		Mesquite, TX 75149					
⊢	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u>ا</u> د)		
	Retired			Retired	-)		
╞		Full serves of constallants a			<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢0 г0
	07/17/2023	Johnson, Lamont					\$0.50
		Contributor address; City; Sta	ate; Zip Code				
		Hull, TX 77564					
I		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Technician			Government			
1							

The Instru	ction Guide explains how to co	omplete this for	m.	1	Total pages Schedule A1: Sch: 113/290 Rpt: 116/303	
2 FILER NAME				3	Filer ID (Ethics Commission Fi	ilers)
	Blue - Texas				00087094	10.2,
4 Date	5 Full name of contributor out	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
08/17/2023	Johnson, Lamont					\$0.50
	6 Contributor address; City; State; Zip			1		
	Hull, TX 77564					
	upation / Job title (See Instructions)	9	Employer (See Instructions	5)		
Technician			Government			
Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/17/2023	Johnson, Lamont					\$0.50
	Contributor address; City; State; Zip			1		
	Hull, TX 77564	i				
	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Technician			Government			
Date	Full name of contributor	t-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/17/2023	Johnson, Lamont					\$0.50
	Contributor address; City; State; Zip			1		
D. indaa	Hull, TX 77564			Ĺ		
Principal occu Technician	upation / Job title (See Instructions)		Employer (See Instructions Government	5)		
		L		-		
Date		t-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/17/2023						\$0.50
	Contributor address; City; State; Zip	p Code				
	Hull, TX 77564					
Princinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
Technician			Government	,		
Date	Full name of contributor	t-of-state PAC (ID#:		1	Amount of Contribution (\$)	
12/17/2023	Johnson, Lamont	[-01-State PAC (1D#				\$0.50
141112020		n Code		$\left \right $		ψ0.00
		JCoue				
	Hull, TX 77564					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ۱)		
Technician	, padon ,		Government	-,		
		I				

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to com	plete this form.	Sch: 114/290 Rpt: 117/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7 Amount of Contribution (\$)
07/30/2023	Jones, Carl		\$2.00
	6 Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	us)
Retired		Retired	
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Jones, Carl		\$2.00
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ls)
Retired		Retired	
Date	Full name of contributor 🛛 out-of-s	state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Jones, Carl		\$2.00
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
-	pation / Job title (See Instructions)	Employer (See Instruction	ls)
Retired		Retired	
Date	Full name of contributor	state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Jones, Carl		\$2.00
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
	pation / Job title (See Instructions)	Employer (See Instruction	is)
Retired		Retired	
Date	Full name of contributor 🗌 out-of-s	state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Jones, Carl		\$2.00
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
Retired		Retired	
		·	

The Instru	ction Guide explains how to comp	olete this form.	1 Total pages Schedule A1: Sch: 115/290 Rpt: 118/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date 12/30/2023	5 Full name of contributor out-of-st Jones, Carl	tate PAC (ID#:)	7 Amount of Contribution (\$) \$2.
12/30/2023		-1-	
	6 Contributor address; City; State; Zip Con Spicewood, TX 78669	de	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructio	ons)
Retired		Retired	
Date	Full name of contributor out-of-st	tate PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Jones, Carl		\$10.
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Retired		Retired	
Date	Full name of contributor out-of-st	tate PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Jones, Carl		\$10.
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Retired		Retired	
Date	Full name of contributor 🗌 out-of-st	tate PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Jones, Carl		\$10.
	Contributor address; City; State; Zip Co	de	
	Spicewood, TX 78669		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructio	 ons)
Retired		Retired	
Date	Full name of contributor 🔲 out-of-si	tate PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Jones, Carl	,	\$10.
	Contributor address; City; State; Zip Co	ah	
	Spicewood, TX 78669		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	 ons)
Retired		Retired	

The Instr	ruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 116/290 Rpt: 119/303
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
Every State	te Blue - Texas	1	00087094
4 Date 11/30/2023	5 Full name of contributor out-of-state PAC (ID#:_ 3 Jones, Carl 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$10.00
9 Drincinal oc	Spicewood, TX 78669 ccupation / Job title (See Instructions)	Employer (See Instruction)	
Retired		9 Employer (See Instructions Retired	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/30/2023		,	\$10.00
	Contributor address; City; State; Zip Code		
I	Spicewood, TX 78669		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/30/2023	3 Jonsson, Karl	1	\$5.00
	Contributor address; City; State; Zip Code		
I	Katy, TX 77450		
	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Project Dir	ector	UT MD Anderson	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	3 Jonsson, Karl	!	\$5.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77450		
Principal oco Project Dire	ccupation / Job title (See Instructions) rector	Employer (See Instructions UT MD Anderson	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	3 Jonsson, Karl		\$5.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77450	!	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	1s)
Project Dir		UT MD Anderson	·,
Principal oc	Contributor address; City; State; Zip Code Katy, TX 77450 ccupation / Job title (See Instructions)	Employer (See Instructions UT MD Anderson	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 117/290 Rpt: 120/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date 10/30/2023	5 Full name of contributor out-of-state PAC (ID# Jonsson, Karl	t:)	7 Amount of Contribution (\$)\$5.00
	6 Contributor address; City; State; Zip Code		
	Katy, TX 77450		
	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Project Direc	ctor	UT MD Anderson	
Date	Full name of contributor out-of-state PAC (ID#	±:)	Amount of Contribution (\$)
11/30/2023	Jonsson, Karl		\$5.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77450		
	ipation / Job title (See Instructions)	Employer (See Instructions))
Project Direc		UT MD Anderson	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
12/30/2023	Jonsson, Karl		\$5.00
	Contributor address; City; State; Zip Code Katy, TX 77450		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Project Direc	ctor	UT MD Anderson	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
07/02/2023	Judson, Cynthia		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
08/02/2023	Judson, Cynthia Contributor address; City; State; Zip Code		\$1.50
	Houston, TX 77096		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
		-	

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 118/290 Rpt: 121/303	
2	FILER NAME			_	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas		1	00087094	liere,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/02/2023	Judson, Cynthia				\$1.50
		6 Contributor address; City; State; Zip Code		·		
		Houston, TX 77096				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/02/2023	Judson, Cynthia				\$1.50
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77096				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Retired	,	Retired	-,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	Date 11/02/2023)			\$1.50
	11/02/2023					ΦT'00
		Contributor address; City; State; Zip Code				
		Houston TV 77006				
		Houston, TX 77096		<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
	Retired		Relifeu			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/02/2023	Judson, Cynthia				\$1.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77096				
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	07/02/2023	Judson, Cynthia				\$5.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77096				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
l	Retired		Retired	,		
┢			<u> </u>			
1						I

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 119/290 Rpt: 122/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/02/2023			\$5.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77096		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/02/2023	Judson, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77096		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/02/2023	10/02/2023 Judson, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77096		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	\$)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	Judson, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	<i>"</i>
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/02/2023)	Amount of Contribution (\$) \$5.00
TTIOTITOTO			
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired	, , , , , , , , , , , , , , , , , , ,	Retired	·/

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 120/290 Rpt: 123/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/17/2023	Jurvetson, Karla				\$7.50
		6 Contributor address; City; State; Zip Code		1		
		Los Altos, CA 94022				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	physician		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/17/2023	Jurvetson, Karla				\$25.00
		Contributor address; City; State; Zip Code		1		
		Los Altos, CA 94022				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	physician		self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/30/2023	KILGORE, WILLIAM				\$2.00
		Contributor address; City; State; Zip Code		1		
		LAKEWAY, TX 78734				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/30/2023	KILGORE, WILLIAM				\$2.00
		Contributor address; City; State; Zip Code		1		
		LAKEWAY, TX 78734				
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/30/2023	KILGORE, WILLIAM				\$2.00
		Contributor address; City; State; Zip Code		1		
		LAKEWAY, TX 78734	1			
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	RETIRED		RETIRED			

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 121/290 Rpt: 124/303
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/30/2023			\$2.00
	6 Contributor address; City; State; Zip Code		1
	LAKEWAY, TX 78734		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	KILGORE, WILLIAM		\$2.00
	Contributor address; City; State; Zip Code		
Dringing ago	LAKEWAY, TX 78734		
Principal occu RETIRED	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2023	12/30/2023 KILGORE, WILLIAM		\$2.00
	Contributor address; City; State; Zip Code		
	LAKEWAY, TX 78734		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
RETIRED		RETIRED	"
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/30/2023	Full name of contributor out-of-state PAC (ID#: KILGORE, WILLIAM	/	\$10.00 \$10.00
0113012023	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	LAKEWAY, TX 78734		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
RETIRED		RETIRED	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/30/2023			\$10.00
	Contributor address; City; State; Zip Code		
	LAKEWAY, TX 78734		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
RETIRED		RETIRED	
		-1	

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 122/290 Rpt: 125/303	
2	FILER NAME		!	3	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas		_	00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/30/2023	KILGORE, WILLIAM	!			\$10.00
		6 Contributor address; City; State; Zip Code		1		
			!			
		LAKEWAY, TX 78734				
8	Principal occu RETIRED	upation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	3)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/30/2023	KILGORE, WILLIAM				\$10.00
		Contributor address; City; State; Zip Code				
		LAKEWAY, TX 78734	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/30/2023	KILGORE, WILLIAM				\$10.00
		Contributor address; City; State; Zip Code				
		LAKEWAY, TX 78734				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ຍ)		
	RETIRED		RETIRED	5)		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2023	KILGORE, WILLIAM	!			\$10.00
		Contributor address; City; State; Zip Code				
		LAKEWAY, TX 78734	_			
	Principal occu RETIRED	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	07/13/2023	Keefner, Allen	!			\$1.50
		Contributor address; City; State; Zip Code				
		Oak Lawn, IL 60453	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Editor/Photo	journalist	Nexstar			
			1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 123/290 Rpt: 126/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/13/2023	Keefner, Allen		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Oak Lawn, IL 60453		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Editor/Photo	journalist	Nexstar	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/13/2023	Keefner, Allen		\$1.50
	Contributor address; City; State; Zip Code		1
	Oak Lawn, IL 60453		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Editor/Photo	journalist	Nexstar	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/13/2023	Keefner, Allen		\$5.00
	Contributor address; City; State; Zip Code		1
	Oak Lawn, IL 60453		
	ipation / Job title (See Instructions)	Employer (See Instructions	»)
Editor/Photo	journalist	Nexstar	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/13/2023	Keefner, Allen		\$5.00
	Contributor address; City; State; Zip Code		1
	Oak Lawn, IL 60453		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Editor/Photo	journalist	Nexstar	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/13/2023	Keefner, Allen		\$5.00
	Contributor address; City; State; Zip Code		1
	Oak Lawn, IL 60453		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Editor/Photo	journalist	Nexstar	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 124/290 Rpt: 127/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State			00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/12/2023	Kelch, Linda		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75209		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/12/2023	Kelch, Linda		\$5.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75209		l
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	09/12/2023 Kelch, Linda		Amount of Contribution (\$)
09/12/2023			\$5.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75209		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/12/2023	Kelch, Linda		\$5.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75209		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/12/2023	Kelch, Linda		\$5.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75209		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 125/290 Rpt: 128/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/12/2023	Kelch, Linda		\$5.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75209		
	upation / Job title (See Instructions)	9 Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/03/2023	Kennedy, Shelley		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
	upation / Job title (See Instructions)	Employer (See Instructions)	,
Constructior	۱ 	Kennedy A Plus Builders	s
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/03/2023	Kennedy, Shelley		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Constructior	1	Kennedy A Plus Builders	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/03/2023	Kennedy, Shelley		\$1.50
	Contributor address; City; State; Zip Code		
Durin eine Leeeu	Houston, TX 77018		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions)	,
Construction		Kennedy A Plus Builders	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/03/2023			\$1.50
	Contributor address; City; State; Zip Code		
D in single and	Houston, TX 77018		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Construction	1	Kennedy A Plus Builders	S

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 126/290 Rpt: 129/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas			00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	t)	7	Amount of Contribution (\$)	
	11/03/2023	Kennedy, Shelley				\$1.50
		6 Contributor address; City; State; Zip Code		1		
Ļ	D i sinclessi	Houston, TX 77018		Ĺ		
8	Principal occu Construction	ipation / Job title (See Instructions)	9 Employer (See Instructions Kennedy A Plus Builders			
				ऽ ─		
	Date	— —	ť:)		Amount of Contribution (\$)	ά1 F0
	12/03/2023					\$1.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77018				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	∟ ₅)		
	Construction		Kennedy A Plus Builders			
╞	Date	Full name of contributor Out-of-state PAC (ID#	1)	Γ	Amount of Contribution (\$)	
	07/03/2023	Kennedy, Shelley				\$5.00
				1		
		Houston, TX 77018				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Construction		Kennedy A Plus Builders	s		
	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	
	08/03/2023	Kennedy, Shelley				\$5.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77018				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Construction	,	Kennedy A Plus Builders			
╞	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	09/03/2023	Kennedy, Shelley	·/		Allount of Continuesco. (+)	\$5.00
		Contributor address; City; State; Zip Code		ł		
		Houston, TX 77018				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Construction	4	Kennedy A Plus Builders	s		

Every State Blue - Texas	Sch: 127/290 Rpt: 130/303
Every State Blue - Texas	Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	00087094
10/03/2023 Kennedy, Shelley 6 Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$5.00
Houston, TX 77018	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Construction Kennedy A Plus Builders	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/03/2023 Kennedy, Shelley	\$5.00
Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Construction Kennedy A Plus Builders	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/03/2023 Kennedy, Shelley	\$5.00
Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Construction Kennedy A Plus Builders	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/18/2023 Knutson, Melissa	\$1.50
Contributor address; City; State; Zip Code	
Washington DC, DC 20011	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Communication specialistSelf	
Communication specialist Self Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Communication specialist Self	Amount of Contribution (\$) \$5.00
Communication specialist Self Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Knutson, Melissa Contributor address; City; State; Zip Code	
Communication specialist Self Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Knutson, Melissa Contributor address; City; State; Zip Code Vashington DC, DC 20011	
Communication specialist Self Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Knutson, Melissa Contributor address; City; State; Zip Code	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 128/290 Rpt: 131/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date 07/30/2023	5 Full name of contributor out-of-state PAC (ID#: Kokowsky, Elisa)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code		
	The Woodlands, TX 77382		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	š)
Retired		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Kokowsky, Elisa		\$5.00
	Contributor address; City; State; Zip Code		1
	The Woodlands, TX 77382		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	09/30/2023 Kokowsky, Elisa		\$5.00
	Contributor address; City; State; Zip Code		1
	The Woodlands, TX 77382		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Kokowsky, Elisa		\$5.00
	Contributor address; City; State; Zip Code		
	The Woodlands, TX 77382		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		None	''
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/30/2023	Kokowsky, Elisa	/	\$5.00
11/00/2020	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	The Woodlands, TX 77382		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Retired		None	,

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 129/290 Rpt: 132/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State E	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/30/2023	Kokowsky, Elisa		\$5.00
!	6 Contributor address; City; State; Zip Code		1
	The Woodlands, TX 77382		<u> </u>
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		None	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/10/2023	Kuhn, Gordon		\$2.75
	Contributor address; City; State; Zip Code]
	Okatie, SC 29909		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	.
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/11/2023	Kuhn, Gordon		\$3.75
	Contributor address; City; State; Zip Code]
Driv singlagou	Okatie, SC 29909		<u> </u>
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instructions	3)
		retired	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/23/2023	Kuhn, Gordon		\$1.50
1	Contributor address; City; State; Zip Code		
1			
	Okatie, SC 29909		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
retired		retired	>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$2.75
08/10/2023	Kuhn, Gordon		φζ.ιυ
1	Contributor address; City; State; Zip Code		
1			
1	Okatie, SC 29909		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
retired		retired	>)
1			
1			

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 130/290 Rpt: 133/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7	Amount of Contribution (\$)	
	08/11/2023	Kuhn, Gordon				\$3.75
	I	6 Contributor address; City; State; Zip Code				
		Okatie, SC 29909				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Τ	Amount of Contribution (\$)	
	08/23/2023	Kuhn, Gordon				\$1.50
	1	Contributor address; City; State; Zip Code		"		
		Okatie, SC 29909				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor 🔲 out-of-state PAC (ID:	#:)	Τ	Amount of Contribution (\$)	
	09/23/2023 Kuhn, Gordon					\$1.50
	I	Contributor address; City; State; Zip Code		Ϊ		
		Okatie, SC 29909		ŕ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	retired		retired	—		
	Date	Full name of contributor Out-of-state PAC (ID))#:)		Amount of Contribution (\$)	
	10/23/2023	Kuhn, Gordon				\$1.50
		Contributor address; City; State; Zip Code				
		Okatie, SC 29909				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	(c)		
	retired		retired	5)		
⊢				—		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID:	#:)		Amount of Contribution (\$)	\$1.50
	11/23/2023	Kuhn, Gordon				ΦΤ'ΩΟ
		Contributor address; City; State; Zip Code				
		Okatie, SC 29909				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	0)		
┝						

The Inst	truction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 131/290 Rpt: 134/303	
2 FILER NAI	ME		3 Filer ID (Ethics Commission Filers))
Every Sta	ate Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)	
12/23/202	23 Kuhn, Gordon		\$1	50
	6 Contributor address; City; State; Zip Code		1	
2 Dringinglig	Okatie, SC 29909	Contruction	-\	
8 Principal o retired	ccupation / Job title (See Instructions)	9 Employer (See Instruction retired	S)	
			1	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	0
07/10/202			\$12	50
	Contributor address; City; State; Zip Code			
	Okatie, SC 29909			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruction	e)	
retired		retired	5)	
Date	Full name of contributor out-of-state PAC		Amount of Contribution (\$)	_
07/11/202) (ID#:)	Amount of Contribution (\$) \$12	, 50 I
01111/202			· · · · · · · · · · · · · · · · · · ·	
	Contributor address; City; State; Zip Code			
	Okatie, SC 29909			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruction	s)	
retired		retired		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
07/23/202				5.00
	Contributor address; City; State; Zip Code			
	Okatie, SC 29909			
-	ccupation / Job title (See Instructions)	Employer (See Instruction	s)	_
retired		retired		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
08/10/202	23 Kuhn, Gordon		\$12	2.50
	Contributor address; City; State; Zip Code			
	Okatie, SC 29909			
-	ccupation / Job title (See Instructions)	Employer (See Instruction	s)	
retired		retired		

L			
The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 132/290 Rpt: 135/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/11/2023	Kuhn, Gordon		\$12.5
	6 Contributor address; City; State; Zip Code		1
	Okatie, SC 29909	J	
	upation / Job title (See Instructions)	9 Employer (See Instructions)	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/23/2023	Kuhn, Gordon		\$5.0
	Contributor address; City; State; Zip Code		1
	Okatie, SC 29909		
	upation / Job title (See Instructions)	Employer (See Instructions)	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023	Kuhn, Gordon		\$5.0
	Contributor address; City; State; Zip Code		1
	Okatie, SC 29909		
	upation / Job title (See Instructions)	Employer (See Instructions)	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/23/2023	Kuhn, Gordon		\$5.0
	Contributor address; City; State; Zip Code		1
	Okatie, SC 29909		
	upation / Job title (See Instructions)	Employer (See Instructions)	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/23/2023	Kuhn, Gordon		\$5.0
	Contributor address; City; State; Zip Code		1
	Okatie, SC 29909		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	\$)
retired		retired	
			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 133/290 Rpt: 136/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	12/23/2023	Kuhn, Gordon		\$5.00
		6 Contributor address; City; State; Zip Code		
		Okatie, SC 29909		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	retired		retired	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	07/17/2023	Lampkin, Antoinette		\$1.00
	Contributor address; City; State; Zip Code		•	
		CONROE, TX 77301		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Disabled		N/A	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	08/17/2023	Lampkin, Antoinette		\$1.00
		Contributor address; City; State; Zip Code		
		CONROE, TX 77301		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Disabled		N/A	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/17/2023	Lampkin, Antoinette		\$1.00
		Contributor address; City; State; Zip Code		
		CONROE, TX 77301		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Disabled		N/A	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/17/2023	Lampkin, Antoinette		\$1.00
		Contributor address; City; State; Zip Code		
		CONROE, TX 77301		
		pation / Job title (See Instructions)	Employer (See Instructions	3)
	Disabled		N/A	

	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 134/290 Rpt: 137/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (II	ID#:)	7	Amount of Contribution (\$)	
	11/17/2023	Lampkin, Antoinette				\$1.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		CONROE, TX 77301				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Disabled		N/A			
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Γ	Amount of Contribution (\$)	
	12/17/2023	Lampkin, Antoinette				\$1.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		CONROE, TX 77301				
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Disabled		N/A			
	Date	Full name of contributor out-of-state PAC (II	ID#:)	Γ	Amount of Contribution (\$)	
	07/17/2023	Lampkin, Antoinette				\$2.50
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		CONROE, TX 77301				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Disabled		N/A	. 		
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	08/17/2023	Lampkin, Antoinette				\$2.50
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	CONROE, TX 77301				
\vdash	Dringing occur		Employer (Soo Instruction)			
	Disabled	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)		
				—		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	* 2 F0
	09/17/2023	Lampkin, Antoinette				\$2.50
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	CONROE, TX 77301				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د</u> ا ا		
	Disabled		N/A	5)		
┝			1.1.7.1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 135/290 Rpt: 138/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/17/2023	Lampkin, Antoinette		\$2.50
	6 Contributor address; City; State; Zip Code		1
	CONROE, TX 77301		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Disabled		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/17/2023	Lampkin, Antoinette		\$2.50
	Contributor address; City; State; Zip Code		1
	CONROE, TX 77301		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Disabled		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/17/2023	Lampkin, Antoinette		\$2.50
	Contributor address; City; State; Zip Code	1	1
	CONROE, TX 77301	1	<u> </u>
Principal occu Disabled	ipation / Job title (See Instructions)	Employer (See Instructions)	3)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/08/2023	Lancaster, Guy		\$1.50
	Contributor address; City; State; Zip Code		
	New York, NY 10012		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
None		None	<i>'</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
08/08/2023	Lancaster, Guy	/	\$1.50
00,00,2022	Contributor address; City; State; Zip Code		
	New York, NY 10012		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
None		None	
		1	
i			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 136/290 Rpt: 139/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/08/2023	Lancaster, Guy		\$1.50
1	6 Contributor address; City; State; Zip Code		1
	New York, NY 10012		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/08/2023	Lancaster, Guy		\$1.50
1	Contributor address; City; State; Zip Code		1
1			
1			
L	New York, NY 10012		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2023	Lancaster, Guy	ļ	\$1.50
	Contributor address; City; State; Zip Code		1
		ļ	
		ļ	
	New York, NY 10012	-	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/08/2023	Lancaster, Guy		\$1.50
1	Contributor address; City; State; Zip Code	ļ]
1			
1			
	New York, NY 10012		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
None		None	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/08/2023	Lancaster, Guy		\$5.00
1	Contributor address; City; State; Zip Code		
1			
1	Now York, NY 10012		
Dringing Loogu	New York, NY 10012		
Principal occu None	ipation / Job title (See Instructions)	Employer (See Instructions None	3)
NOTE		NUTIE	
1			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 137/290 Rpt: 140/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/08/2023	Lancaster, Guy		\$5.00
	6 Contributor address; City; State; Zip Code		1
	New York, NY 10012		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/08/2023	Lancaster, Guy		\$5.00
	Contributor address; City; State; Zip Code]
	New York, NY 10010		
Drizzinal acou	New York, NY 10012		-
Principal occu None	upation / Job title (See Instructions)	Employer (See Instructions None	5)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/08/2023	Lancaster, Guy		\$5.00
	Contributor address; City; State; Zip Code		
	New York, NY 10012		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
None		None	>)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/08/2023	Full name of contributor out-of-state PAC (ID#: Lancaster, Guy)	\$5.00
11/00/2025	-		
	Contributor address; City; State; Zip Code		
	New York, NY 10012		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
None	•	None	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/08/2023	Lancaster, Guy		\$5.00
	Contributor address: City: State: Zip Code		1
	New York, NY 10012		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
None		None	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 138/290 Rpt: 141/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/24/2023	Lima, Maria		\$1.00
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78232		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/24/2023	Lima, Maria		\$1.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/24/2023	Lima, Maria		\$1.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Retired	<u> </u>	Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/24/2023	Lima, Maria		\$1.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	<i>י</i> י
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 11/24/2023	Full name of contributor out-of-state PAC (ID#: Lima, Maria)	Amount of Contribution (\$) \$1.00
11/24/2020			φ±.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Retired		Retired	<i>,</i>
1			

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 139/290 Rpt: 142/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fil	lers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	12/24/2023	Lima, Maria				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78232				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Г	Amount of Contribution (\$)	
	07/24/2023	07/24/2023 Lima, Maria				\$2.50
	Contributor address; City; State; Zip Code		1			
		San Antonio, TX 78232				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	08/24/2023	Lima, Maria				\$2.50
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78232				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired	_		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	09/24/2023	Lima, Maria				\$2.50
		Contributor address; City; State; Zip Code]		
	Duin single agen	San Antonio, TX 78232		Ļ		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	±- =0
	10/24/2023	Lima, Maria				\$2.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232				
_	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions			
	Retired		Employer (See Instructions Retired	5)		
	Retireu		Retired			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 140/290 Rpt: 143/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/24/2023	Lima, Maria			.,	\$2.50
		6 Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	San Antonio, TX 78232				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/24/2023	Lima, Maria				\$2.50
		Contributor address; City; State; Zip Code		1		
	I					
	I					
		San Antonio, TX 78232				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		_
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/22/2023	Litoff, AustinW				\$2.70
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Dallas, TX 75230	1 /2	Ļ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Asset Manag		West Rock Properties	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/22/2023	Litoff, AustinW]		\$2.70
	I	Contributor address; City; State; Zip Code				
	I					
	I	Dallas, TX 75230				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Asset Manag		West Rock Properties	5)		
⊢				1		
	Date 10/22/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.70
	10/22/2023	Litoff, AustinW				Φ <u>2</u> .70
	I	Contributor address; City; State; Zip Code				
	I					
	I	Dallas, TX 75230				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Asset Manag		West Rock Properties	5)		
┝						

\mathbf{E}				_		
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 141/290 Rpt: 144/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/22/2023	Litoff, AustinW				\$2.70
	!	6 Contributor address; City; State; Zip Code		1		
	ł					
	1					
		Dallas, TX 75230				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Asset Manag	ger	West Rock Properties			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	12/22/2023	Litoff, AustinW				\$2.70
	,	Contributor address; City; State; Zip Code		ł		
	,					
	ł					
	1	Dallas, TX 75230				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Asset Manag	ger	West Rock Properties			
F	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/22/2023	Litoff, AustinW				\$9.00
	,	Contributor address; City; State; Zip Code		ł		
	,					
	ł					
	1	Dallas, TX 75230				
\square	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Asset Manag	ger	West Rock Properties			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/22/2023	Litoff, AustinW				\$9.00
	1	Contributor address; City; State; Zip Code		1		
	ł					
	1					
		Dallas, TX 75230				
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Asset Manag	ger	West Rock Properties			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/22/2023	Litoff, AustinW				\$9.00
	,	Contributor address; City; State; Zip Code		1		
	ļ					
l	ł					
I		Dallas, TX 75230				
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)		
	Asset Manag	ger	West Rock Properties			
			<u> </u>			
1						

				—		
	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 142/290 Rpt: 145/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
		Blue - Texas			00087094	,
	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	±0.00
	11/22/2023	Litoff, AustinW	!			\$9.00
		6 Contributor address; City; State; Zip Code	1			
			1			
		Dallas, TX 75230				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Asset Manaç	ger	West Rock Properties			
	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Τ	Amount of Contribution (\$)	
	12/22/2023	Litoff, AustinW	,			\$9.00
		Contributor address; City; State; Zip Code		·		
			1			
			,			
		Dallas, TX 75230				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Asset Manaç	ger	West Rock Properties			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	07/22/2023	Lopez, George	,			\$2.50
		Contributor address; City; State; Zip Code		"		
			,			
			1			
		Fremont, CA 94539				
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
l '	08/22/2023	Lopez, George	,			\$2.50
		Contributor address; City; State; Zip Code		1		
			1			
			,			
		Fremont, CA 94539	1			
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	09/22/2023	Lopez, George				\$2.50
		Contributor address; City; State; Zip Code	,	1		
			,			
			1			
		Fremont, CA 94539				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		self			
						I

	The Instru	ction Guide explains how to complete th	his form.		Total pages Schedule A1: Sch: 143/290 Rpt: 146/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7	Amount of Contribution (\$)	
	10/22/2023	Lopez, George				\$2.50
		6 Contributor address; City; State; Zip Code				
		Fremont, CA 94539				
		pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)		
	retired		self			
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	07/11/2023	Ludwick, Al & Jean				\$1.00
		Contributor address; City; State; Zip Code		"]		
	B 1 1 1	GRANBURY, TX 76049		Ļ		
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Pharmacist		Pecan Drug			
	Date	Full name of contributor out-of-state PAC	; (ID#:)		Amount of Contribution (\$)	
	08/11/2023	Ludwick, Al & Jean				\$1.00
		Contributor address; City; State; Zip Code				
	Dringing occu	GRANBURY, TX 76049 upation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	Pharmacist		Pecan Drug	15)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	Φ1 00
	09/11/2023	Ludwick, Al & Jean				\$1.00
		Contributor address; City; State; Zip Code				
		GRANBURY, TX 76049				
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instruction	 15)		
	Pharmacist		Pecan Drug	,		
	Date	Full name of contributor Out-of-state PAC		Т	Amount of Contribution (\$)	
	10/11/2023	Full name of contributor out-of-state PAC Ludwick, AI & Jean	(ID#:)			\$1.00
	10/11/2020					Ψ 1 .00
		Contributor address; City; State; Zip Code				
		GRANBURY, TX 76049				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	l IS)		
	Pharmacist		Pecan Drug	-,		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 144/290 Rpt: 147/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/11/2023	Ludwick, Al & Jean		\$1.00
	6 Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049	 	
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2023	Ludwick, Al & Jean		\$1.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist		Pecan Drug	<i>''</i>
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/11/2023	Ludwick, Al & Jean		\$2.00
••••=-	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/11/2023	Ludwick, Al & Jean		\$2.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Pharmacist		Pecan Drug	<i>''</i>
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/11/2023	Ludwick, Al & Jean	/	\$2.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Pharmacist		Pecan Drug	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 145/290 Rpt: 148/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/11/2023	Ludwick, Al & Jean		\$2.00
	6 Contributor address; City; State; Zip Code		•
	GRANBURY, TX 76049	T	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/11/2023	Ludwick, Al & Jean		\$2.00
	Contributor address; City; State; Zip Code		
Dringing Loogu	GRANBURY, TX 76049	Employer (Cool Instruction	
Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions Pecan Drug	5)
			· · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2023	Ludwick, Al & Jean		\$2.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Pharmacist		Pecan Drug	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/21/2023	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa)	\$1.50
UIILILULU	-		· · · ·
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
lead softwar	e engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/21/2023	MacDougal, Vanessa		\$1.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78757		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
lead softwar	e engineer	Rapid7	

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 146/290 Rpt: 149/303	
2	FILER NAME			_	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/21/2023	MacDougal, Vanessa				\$1.50
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
8		, , , , , , , , , , , , , , , , , , ,	9 Employer (See Instructions	s)		
	lead software	e engineer	Rapid7			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/21/2023	MacDougal, Vanessa				\$1.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	lead software	e engineer	Rapid7			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	11/21/2023	MacDougal, Vanessa				\$1.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	lead software	e engineer	Rapid7			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	12/21/2023	MacDougal, Vanessa				\$1.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	lead software	e engineer	Rapid7			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/21/2023	MacDougal, Vanessa				\$5.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	lead software	e engineer	Rapid7			
\vdash						

The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 147/290 Rpt: 150/303
2 FILER N	JAME		3 Filer ID (Ethics Commission Filers)
	State Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/21/2	S. I.		\$5.00
	6 Contributor address; City; State; Zip Code		1
9 Drincing	Austin, TX 78757	Employer (See Instruction)	
-	al occupation / Job title (See Instructions) oftware engineer	9 Employer (See Instructions Rapid7	3)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
09/21/2			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Princina	al occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	ftware engineer	Rapid7	"
		-	Amount of Contribution (\$)
Date 10/21/2	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$5.00
10/21/2			φυ.υυ
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Principa	al occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	oftware engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/21/2		/	\$5.00
	Contributor address; City; State; Zip Code		•
	Contributor address, Oity, State, Zip Code		
	Austin, TX 78757		
Principa	l occupation / Job title (See Instructions)	Employer (See Instructions	\$)
lead so	oftware engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/21/2			\$5.00
	Contributor address; City; State; Zip Code		·
	Austin, TX 78757		
Principa	I occupation / Job title (See Instructions)	Employer (See Instructions	s)
lead so	oftware engineer	Rapid7	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 148/290 Rpt: 151/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/30/2023 Magee, Lisa \$1.00 6 Contributor address; City; State; Zip Code The Colony, TX 75056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) USDG CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 Magee, Lisa \$1.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2023 Magee, Lisa \$1.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 Magee, Lisa \$1.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2023 \$1.00 Magee, Lisa Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 149/290 Rpt: 152/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/30/2023 Magee, Lisa \$1.00 6 Contributor address; City; State; Zip Code The Colony, TX 75056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) USDG CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2023 Magee, Lisa \$5.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2023 Magee, Lisa \$5.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2023 \$5.00 Magee, Lisa Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 \$5.00 Magee, Lisa Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 150/290 Rpt: 153/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/30/2023 Magee, Lisa \$5.00 6 Contributor address; City; State; Zip Code The Colony, TX 75056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA USDG Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/30/2023 Magee, Lisa \$5.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/18/2023 McKenzie, JoAnn \$4.68 Contributor address; City; State; Zip Code Austin, TX 78731-6080 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/27/2023 McKenzie, JoAnn \$4.68 Contributor address; City; State; Zip Code Austin, TX 78731-6080 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/18/2023 \$4.68 McKenzie, JoAnn Contributor address; City; State; Zip Code Austin, TX 78731-6080 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

The Instruc	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 151/290 Rpt: 154/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7 Amount of Contribution (\$)
07/08/2023	Merritt, Marlene		\$5.00
	6 Contributor address; City; State; Zip Code	9	
	Austin, TX 78751		
	pation / Job title (See Instructions)	9 Employer (See Instructio	ons)
retired		retired	
Date	_	te PAC (ID#:)	Amount of Contribution (\$)
08/08/2023	Merritt, Marlene		\$5.00
	Contributor address; City; State; Zip Code		
	Augustica TV 70751		
Drizzinal acou	Austin, TX 78751	Employer (Cae Instructio	
Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructio	ons)
		retired	1
Date		te PAC (ID#:)	Amount of Contribution (\$)
08/15/2023			\$1.50
	Contributor address; City; State; Zip Code))	
	Austin, TX 78751		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	
retired		retired	(2115)
			Amount of Contribution (\$)
Date 09/08/2023		te PAC (ID#:)	Amount of Contribution (\$) \$5.00
09/00/2023	Merritt, Marlene		φ5.00
	Contributor address; City; State; Zip Code) ,	
	Austin, TX 78751		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructio	l ons)
retired	· ·	retired	
Date	Full name of contributor	I	Amount of Contribution (\$)
09/15/2023	Merritt, Marlene	, , , , , , , , , , , , , , , , , , ,	\$1.50
	Contributor address; City; State; Zip Code	۲	
		·	
	Austin, TX 78751		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	bns)
retired		retired	
		I	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 152/290 Rpt: 155/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2023 Merritt, Marlene \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78751 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2023 Merritt, Marlene \$1.50 Contributor address; City; State; Zip Code Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/08/2023 \$5.00 Merritt, Marlene Contributor address; City; State; Zip Code Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/15/2023 Merritt, Marlene \$1.50 Contributor address; City; State; Zip Code Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/08/2023 \$5.00 Merritt, Marlene Contributor address; City; State; Zip Code Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 153/290 Rpt: 156/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/15/2023	Merritt, Marlene		\$1.50
	6 Contributor address; City; State; Zip Code	,	1
C. D.I. deal and	Austin, TX 78751		Į
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/08/2023			\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired	, , , , , , , , , , , , , , , , , , ,	retired	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
08/08/2023	Merritt, Marlene	/	\$20.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78751		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/15/2023	Merritt, Marlene		\$10.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78751		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
retired		retired	»)
			Amount of Contribution (\$)
Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Merritt, Marlene)	Amount of Contribution (\$) \$20.00
03/00/2020			ψ20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	

			I
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 154/290 Rpt: 157/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date 09/15/2023	 5 Full name of contributor out-of-state PAC (ID#: Merritt, Marlene 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$10.00
	Austin, TX 78751		
8 Principal occu retired	ipation / Job title (See Instructions)	9 Employer (See Instructions retired	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/08/2023	Merritt, Marlene		\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/15/2023	Merritt, Marlene		\$10.00
	Austin, TX 78751		
Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2023	Merritt, Marlene		\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	;;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/15/2023	Merritt, Marlene		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 155/290 Rpt: 158/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/08/2023	Merritt, Marlene		\$20.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78751		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/15/2023	Merritt, Marlene		\$10.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78751		<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/03/2023	Millard, Ann		\$1.50
	Contributor address; City; State; Zip Code		
	Ediabuta TV 70520		
Dringing Loopu	Edinburg, TX 78539		<u> </u>
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	;)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/03/2023	Millard, Ann		\$1.50
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	»)
Date 09/03/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1.50
0910312023	Millard, Ann		Φ±
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	''

The Instruction Guide explains how to complete this form. 1 Trail pages Schedule A1: Sch: 156/280 Rpt: 159/303 2 FLER NAME Every State Blue - Texas 9 Flein C (Ethics Commission Flers) 00087034 4 Date 10/03/2023 5 Flain and of contributor Millard, Ann 7 Amount of Contribution (\$) Nillard, Ann 6 Contributor address; City, State; Zip Code Edinburg, TX 78539 9 Employer (See Instructions) Retired Amount of Contribution (\$) S1.50 7 Funcipal occupation / 3ob title (See Instructions) Retired 9 Employer (See Instructions) Retired Amount of Contribution (\$) S1.50 9 Funcipal occupation / 3ob title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S1.50 9 Funcipal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S1.50 9 Funcipal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S1.50 9 Funcipal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S5.00 9 Funcipal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S5.00 9 Funcipal occupation / Job title (See Instru							
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor		The Instru	ction Guide explains how to complete this f	orm.	1		
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor	2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
10/03/2023 Millard, Ann \$1.50 8 Principal occupation / Job Ittle (See Instructions) Retired 9 Employer (See Instructions) Retired Amount of Contribution (\$) 9 Principal occupation / Job Ittle (See Instructions) Retired Amount of Contribution (\$) \$1.50 9 Principal occupation / Job Ittle (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$1.50 9 Full name of contributor out-of-state PAC (IO#) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1.50 9 Full name of contributor out-of-state PAC (IO#) Retired Amount of Contribution (\$) \$1.50 9 Full name of contributor out-of-state PAC (IO#) Retired Amount of Contribution (\$) \$1.50 9 Full name of contributor out-of-state PAC (IO#) Retired Amount of Contribution (\$) \$1.50 07/03/2023 Full name of contributor out-of-state PAC (IO#) Retired Amount of Contribution (\$) \$5.00 07/03/2023 Full name of contributor out-of-state PAC (IO#) Retired Amount of Contribution (\$) \$5.00 08/03/2023 Full name of contributor out-of-state PAC (ID#_		Every State	Blue - Texas				-
6 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Petired Date Full name of contributor out-of-state PAC (IDI:	4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
Edinburg, TX 78539 Full name of contributor 9 Employer (See Instructions) Retired Date 11/03/2023 Full name of contributor out-of-state PAC (D#		10/03/2023	 Millard, Ann				\$1.50
Edinburg, TX 78539 Full name of contributor 9 Employer (See Instructions) Retired Date 11/03/2023 Full name of contributor out-of-state PAC (D#		ļ	6 Contributor address; City; State; Zip Code		1		
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date 11/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) \$1.50 Edinburg, TX 78539 Employer (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$1.50 Date 12/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) \$1.50 Date 12/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$5.00 On/03/2023 Full name of contributor out-of-state PAC (ID#:) Retired Amount of Contribution (\$) \$5.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$5.00 Oate 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Retired <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date 11/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) \$1.50 Edinburg, TX 78539 Employer (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$1.50 Date 12/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) \$1.50 Date 12/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$5.00 On/03/2023 Full name of contributor out-of-state PAC (ID#:) Retired Amount of Contribution (\$) \$5.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$5.00 Oate 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Retired <t< td=""><td></td><td>ļ</td><td></td><td></td><td></td><td></td><td></td></t<>		ļ					
Retired Retired Date Full name of contributor out-of-state PAC (Date Amount of Contribution (\$) 11/03/2023 Millard, Ann s1.50 Contributor address: City: State; Zip Code Employer (See Instructions) s1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Retired Full name of contributor out-of-state PAC (Date Amount of Contribution (\$) 12/03/2023 Millard, Ann contributor address; City: State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) s1.50 Retired Contributor address; City: State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) S5.00 Retired Out-of-state PAC (ID# Amount of Contribution (\$) \$5.00 O7/03/2023 Millard, Ann contributor address; City: State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) Oate Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$)			-				
Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/03/2023 Millard, Ann \$1.50 Contributor address; City; State; Zip Code Employer (See Instructions) \$1.50 Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 12/03/2023 Millard, Ann	8		pation / Job title (See Instructions)		5)		
11/03/2023 Millard, Ann S1.50 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Millard, Ann Date Full name of contributor out-of-state PAC (D#:) Amount of Contribution (\$) S1.50 Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (D#:) Amount of Contributor address; City; State; Zip Code Employer (See Instructions) Retired Retired Amount of Contribution (\$) 07/03/2023 Full name of contributor out-of-state PAC (D#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full n		Retired		Retired			
Contributor address; City, State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Date 12/03/2023 Full name of contributor Out-of-state PAC (DB#) Amount of Contribution (\$) S1.50 Contributor address; City, State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Date Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Date Oate G07/03/2023 Full name of contributor Out-of-state PAC (ID#) Amount of Contribution (\$) Contributor address; City, State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Date Oate G08/03/202 Full name of contributor Out-of-state PAC (ID#) Amount of Contribution (\$) OB(03/202) Full name of contributor		Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 12/03/2023 Millard, Ann S1.50 Contributor address; City; State; Zip Code Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDEr		11/03/2023					\$1.50
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S1.50 Contributor address; City; State; Zip Code Employer (See Instructions) Millard, Ann Contributor address; City; State; Zip Code Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 07/03/2023 Millard, Ann 07/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:		1			1		
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S1.50 Contributor address; City; State; Zip Code Employer (See Instructions) Millard, Ann Contributor address; City; State; Zip Code Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 07/03/2023 Millard, Ann 07/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:		ļ					
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S1.50 Contributor address; City; State; Zip Code Employer (See Instructions) Millard, Ann Contributor address; City; State; Zip Code Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 07/03/2023 Millard, Ann 07/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:		ļ					
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/03/2023 Millard, Ann			-				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/03/2023 Millard, Ann \$1.50 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor 07/03/2023 Millard, Ann Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Contributor address; City; State; Zip Code Edinburg, TX 78539 Employer (See Instructions) Retired Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) 08/03/2023 Millard, Ann Amount of Contribution (\$) Contributor address; City; State; Zip Code			pation / Job title (See Instructions)		3)		
12/03/2023 Millard, Ann \$1.50 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) 07/03/2023 Full name of contributor out-of-state PAC (ID#;		Retired		Retired			
Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#;) Millard, Ann 07/03/2023 Full name of contributor out-of-state PAC (ID#;) Millard, Ann Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#;) Millard, Ann Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#;) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#;) Contributor address; City; State; Zip Code Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#;) Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) \$5.00 Principal occupation / Job title (See Instructions) Employer (See Instructions))	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code Employer (See Instructions) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code		12/03/2023					\$1.50
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 07/03/2023 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 07/03/2023 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 07/03/2023 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Full name of contributor Edinburg, TX 78539 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 08/03/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) \$5.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u> </u>	-		ŕ		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor 08/03/2023 Millard, Ann Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			pation / Job title (See instructions)		3)		
07/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code \$5.00 Edinburg, TX 78539 Employer (See Instructions) Retired Employer (See Instructions) Retired Full name of contributor 08/03/2023 Millard, Ann Ontributor address; City; State; Zip Code Amount of Contribution (\$) Millard, Ann \$5.00 Contributor address; City; State; Zip Code \$5.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					—		
Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Millard, Ann Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Edinburg, TX 78539 Employer (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	÷= 00
Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Millard, Ann Amount of Contribution (\$) 08/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		07/03/2023					\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 08/03/2023 Millard, Ann Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 08/03/2023 Millard, Ann Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 08/03/2023 Millard, Ann Contributor address; City; State; Zip Code Amount of Contribution (\$) Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Edinhura TX 78539				
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code Edinburg, TX 78539 Full name of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)	┝	Principal occu		Employer (See Instructions	<u>ال</u>		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code \$5.00 Edinburg, TX 78539 Employer (See Instructions)					"		
08/03/2023 Millard, Ann \$5.00 Contributor address; City; State; Zip Code \$5.00 Edinburg, TX 78539 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	╞				_	Arrange of Constribution (\$)	
Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (a)	ቀድ ሀሀ
Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions)		06/03/2023			ł		φ0.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ	Fdinbura. TX 78539				
	┝	Principal occu	-	Employer (See Instructions	<u>ار</u> ج)		
					''		
	┝						

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 157/290 Rpt: 160/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/03/2023	—		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Edinburg, TX 78539		
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>۱</u> ۵)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/03/2023	Millard, Ann	/	\$5.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
11/03/2023	Millard, Ann	/	\$5.00
11,00,2020	Contributor address; City; State; Zip Code		
	Continuou auress, City, State, Zip Coue		
	Edinburg, TX 78539		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/03/2023	Millard, Ann	/	\$5.00
12,00,2022	Contributor address; City; State; Zip Code		
	נטוונווטענטו מעטובטא, כונץ, אמנה, בוף כסעב		
	Edinburg, TX 78539		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/30/2023		/	\$1.00
01100/2020			
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Special Ed c		TSBVI	<i>''</i>

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 158/290 Rpt: 161/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State B	3lue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/30/2023	Miller, Cyral		\$1.00
l I	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78756		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Special Ed co	onsultant	TSBVI	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/30/2023	Miller, Cyral		\$1.00
l ľ	Contributor address; City; State; Zip Code		1
	·		
	Austin, TX 78756		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Special Ed co	onsultant	TSBVI	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/30/2023	Miller, Cyral		\$1.00
l I	Contributor address; City; State; Zip Code		1
	Austin, TX 78756	1	<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Special Ed co	onsultant	TSBVI	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/30/2023	Miller, Cyral		\$1.00
	Contributor address; City; State; Zip Code		
	Austin TV 70756		
Dringing occur	Austin, TX 78756	Employer (See Instructions	
Special Ed co	pation / Job title (See Instructions)	TSBVI	3)
			.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2023	Miller, Cyral		\$1.00
	Contributor address; City; State; Zip Code		
	Austin TV 707EC		
Dringing agour	Austin, TX 78756		-
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Special Ed co	JNSUITANT	TSBVI	
1			
1			

			1 Total pages Schedule A1:
The Instrue	ction Guide explains how to complete this f	form.	Sch: 159/290 Rpt: 162/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/30/2023	Miller, Cyral		\$1.50
	6 Contributor address; City; State; Zip Code]
	Austin, TX 78756		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Special Ed c		TSBVI	· ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023	Miller, Cyral		\$1.50
			1
	Austin, TX 78756	<u>.</u>	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Special Ed c	1	TSBVI	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Miller, Cyral		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Special Ed c		TSBVI	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Miller, Cyral		\$1.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78756		
	Ipation / Job title (See Instructions)	Employer (See Instructions	3)
Special Ed c		TSBVI	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Miller, Cyral		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Special Ed c		TSBVI	

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 160/290 Rpt: 163/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date 12/30/2023	5 Full name of contributor out-of-state PAC (ID# Miller, Cyral	t:)	7 Amount of Contribution (\$) \$1.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78756		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Special Ed co	onsultant	TSBVI	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
07/08/2023	Miller Brenner, Karen		\$7.50
. !	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Analyst		Retired	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
08/08/2023	Miller Brenner, Karen		\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions) Retired)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
09/08/2023	Miller Brenner, Karen		\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))
Analyst	· · ·	Retired	, ,
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
10/08/2023	Miller Brenner, Karen	·,	\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Analyst		Retired)
Analyse		i tetireti	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 161/290 Rpt: 164/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/08/2023	Miller Brenner, Karen		\$7.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78731		
	upation / Job title (See Instructions)	9 Employer (See Instructions))
Analyst		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/08/2023	Miller Brenner, Karen		\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	
Analyst		Retired)
			Amount of Contribution (\$)
Date 07/08/2023	Full name of contributor out-of-state PAC (ID#: Miller Brenner, Karen)	Amount of Contribution (\$) \$25.00
0110012025			φ20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions	l 3)
Analyst		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/08/2023	Miller Brenner, Karen		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
-	upation / Job title (See Instructions)	Employer (See Instructions	.))
Analyst		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/08/2023	Miller Brenner, Karen		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Dringing ogg	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Analyst		Retired)
7 maryst		ricarea	

Every State Use - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. Sch: 162/290 Rpt: 165/303 2 FillER NAME Every State Blue - Texas 3 Filer ID (Ethics Commission Filers) 00087094 4 Date 10/08/2023 5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 162/290 Rpt: 165/303 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2. Very State Bile - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (D#:				
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 10/08/2023 Miller Brenner, Karen 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$2 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) Retired Amount of Contribution (\$) \$2 7 Amount of Contributor out-of-state PAC (ID#:	Every State Blue - Texas 00087094 4 Date 5 Full name of contributor of state PAC (ID#:) 7 Amount of Contribution (\$) \$25.0 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$25.0 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Amount of Contribution (\$) \$25.0 Date 11/08/2023 Full name of contributor of out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 11/08/2023 Full name of contributor of out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 11/08/2023 Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 11/08/2023 Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 12/08/2023 Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 12/08/2023 Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 12/08/2023 Full name of contributor on out-of-state PAC (ID#:	Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:	The Instruc	ction Guide explains how to complete this f	form.	
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) \$2 10/08/2023 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$2 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Amount of Contribution (\$) \$2 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$2 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$2 11/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$2 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2 Analyst Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$2 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$2 Date Full name of contributor out-of-state PAC (ID#:) Amount of Con	Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 10/08/2023 6 Contributor address; City, State; Zip Code 7 Amount of Contribution (\$) \$25.00 6 Contributor address; City, State; Zip Code 7 Amount of Contribution (\$) \$25.00 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 211/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 212/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 212/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 212/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 212/08/2023 Full name of	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
10/08/2023 Miller Brenner, Karen \$2 6 Contributor address; City; State; Zip Code Austin, TX 78731 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Employer (See Instructions) Analyst Principal occupation / Job title (See Instructions) Austin, TX 78731 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Retired Date Full name of contributor S2 Date Full name of contributor S2	10/08/2023 Miller Brenner, Karen \$25.0 6 Contributor address; City; State; Zip Code \$25.0 Austin, TX 78731 9 Employer (See Instructions) Retired 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen S25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#	10/08/2023 Miller Brenner, Karen \$25.00 6 Contributor address; City; State; Zip Code \$25.00 Austin, TX 78731 9 Employer (See Instructions) Retired Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Amount of Contribution (\$) 11/08/2023 Full name of contributor out-of-state PAC (ID#:	Every State	Blue - Texas		
6 Contributor address; City; State; Zip Code Austin, TX 78731 9 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen	6 Contributor address; City; State; Zip Code Austin, TX 78731 9 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen Contributor address; City; State; Zip Code Austin, TX 78731 Employer (See Instructions) Analyst Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#	6 Contributor address; City; State; Zip Code Austin, TX 78731 9 8 Principal occupation / Job title (See Instructions) Analyst 9 Date Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) \$25.00 11/08/2023 Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Amount of Contributions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) \$25.00 12/08/2023 Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) \$25.00 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1.50 Date Full name of contributor Set instructions) Retired Amount of Contribution (\$) \$1.50 <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribution (\$)</td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code Austin, TX 78731 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen Austin, TX 78731 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Austin, TX 78731 Employer (See Instructions) Austin, TX 78731 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Retired Amount of Contribution (\$)	6 Contributor address; City; State; Zip Code Austin, TX 78731 9 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 11/08/2023 Miller Brenner, Karen Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) \$25.0 Date Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 12/08/2023 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 12/08/2023 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 12/08/2023 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) \$25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) \$1.5	6 Contributor address; City; State; Zip Code Austin, TX 78731 9 8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (D#:	10/08/2023			
8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Employer (See Instructions) Analyst Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Employer (See Instructions) Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Nills, Anne Amount of Contribution (\$)	8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Employer (See Instructions) Analyst Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Oate Full name of contributor out-of-state PAC (ID#:) O7/30/2023 Mills, Anne \$1.50				1
8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$2 Austin, TX 78731 Employer (See Instructions) Analyst Employer (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date 11/08/2023 Full name of contributorout-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) \$25.0 Out-of-state PAC (ID#:) Austin, TX 78731 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date 12/08/2023 Full name of contributorout-of-state PAC (ID#:) Austin, TX 78731 Amount of Contribution (\$) S25.0 Principal occupation / Job title (See Instructions) Analyst Full name of contributorout-of-state PAC (ID#:) Austin, TX 78731 Amount of Contribution (\$) S25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) S25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) S25.0 Date 07/30/2023 Full name of contributorout-of-state PAC (ID#:) Mills, Anne Amount of Contribution (\$) S1.5	8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) (07/30/2023 Mills, Anne out-of-state PAC (ID#:) Amount of Contribution (\$) (\$1.50				
8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$2 Austin, TX 78731 Employer (See Instructions) Analyst Employer (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date 11/08/2023 Full name of contributorout-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) \$25.0 Out-of-state PAC (ID#:) Austin, TX 78731 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date 12/08/2023 Full name of contributorout-of-state PAC (ID#:) Austin, TX 78731 Amount of Contribution (\$) S25.0 Principal occupation / Job title (See Instructions) Analyst Full name of contributorout-of-state PAC (ID#:) Austin, TX 78731 Amount of Contribution (\$) S25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) S25.0 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Amount of Contribution (\$) S25.0 Date 07/30/2023 Full name of contributorout-of-state PAC (ID#:) Mills, Anne Amount of Contribution (\$) S1.5	8 Principal occupation / Job title (See Instructions) Analyst 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) (07/30/2023 Mills, Anne out-of-state PAC (ID#:) Amount of Contribution (\$) (\$1.50				
Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code S2 Austin, TX 78731 Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 11/08/2023 Miller Brenner, Karen Contributor address; City; State; Zip Code \$25.0 Austin, TX 78731 Employer (See Instructions) \$25.0 Analyst Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code \$2 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen \$2	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Adustin, TX 78731 Amount of Contribution (\$) 2/08/2023 Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Amount of Contributions) \$25.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.0 Austin, TX 78731 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.0 Analyst Retired Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Oate Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.5 Oate Fu	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) 12/08/2023 Full name of contributor out-of-state PAC (ID#:) Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired S25.00 Date Full name of contributor out-of-state PAC (ID#:) Analyst Retired S25.00 Date Full name of contributor out-of-state PAC (ID#:) Analyst Full name of contributor Amount of Contribution (\$) Oate Full name of contributor out-of-state PAC (ID#:) O7/30/2023 Mills, Anne \$1.50		pation / Job title (See Instructions)		3)
11/08/2023 Miller Brenner, Karen \$2 Contributor address; City; State; Zip Code \$2 Austin, TX 78731 \$2 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor lout-of-state PAC (ID#:) Amount of Contribution (\$) \$2 12/08/2023 Miller Brenner, Karen	11/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) O7/30/2023 Mills, Anne Amount of Contribution (\$)	11/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code	Analyst		Retirea	.
Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Date Full name of contributor 12/08/2023 Miller Brenner, Karen	Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Date Full name of contributor 12/08/2023 Miller Brenner, Karen Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Austin, TX 78731 Principal occupation / Job title (See Instructions) Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Analyst Principal occupation / Job title (See Instructions) Analyst Principal occupation / Job title (See Instructions) Analyst Principal occupation / Job title (See Instructions) Analyst Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Retired Date Full name of contributor OT/30/2023 Mills, Anne	Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Employer (See Instructions) Analyst Retired Date Full name of contributor Analyst Employer (See Instructions) Analyst Retired Date Full name of contributor Oate Full name of contributor Oate Full name of contributor Oate Full name of contributor O7/30/2023 Mills, Anne)	
Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen	Austin, TX 78731 Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor on out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78731 Employer (See Instructions) Analyst Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor on out-of-state PAC (ID#:) Mills, Anne Amount of Contribution (\$) 07/30/2023 Mills, Anne St.5	Austin, TX 78731 Employer (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Miller Brenner, Karen Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Mills, Anne Amount of Contribution (\$) 07/30/2023 Mills, Anne S1.50	11/08/2023			\$25
Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code \$25.0 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Analyst Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Analyst Amount of Contribution (\$) O7/30/2023 Mills, Anne \$1.5	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code \$25.00 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) O7/30/2023 Mills, Anne \$1.50				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code \$25.0 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code \$25.00 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) O7/30/2023 Mills, Anne \$1.50				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code \$25.0 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code \$25.00 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) O7/30/2023 Mills, Anne \$1.50		Austin TV 70721		
Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen S25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 Austin, TX 78731 Employer (See Instructions) Analyst Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Analyst Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code Setting Austin, TX 78731 Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor (\$) Mills, Anne \$1.50	Drincinal occu		Employor (Soo Instructions	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$2	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code Second Austin, TX 78731 Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Mills, Anne Mills, Anne \$1.5	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code \$25.00 Austin, TX 78731 Employer (See Instructions) Analyst Employer (See Instructions) Date Full name of contributor Oate Full name of contributor O7/30/2023 Mills, Anne		pation / Job lue (See instructions)		3)
12/08/2023 Miller Brenner, Karen \$2	12/08/2023 Miller Brenner, Karen \$25.0 Contributor address; City; State; Zip Code \$25.0 Austin, TX 78731 Employer (See Instructions) Analyst Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 07/30/2023 Mills, Anne \$1.5	12/08/2023 Miller Brenner, Karen \$25.00 Contributor address; City; State; Zip Code \$25.00 Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 07/30/2023 Mills, Anne \$1.50	-			1
	Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor lout-of-state PAC (ID#:) Mills, Anne \$1.5	Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor lout-of-state PAC (ID#:) Mills, Anne \$1.50)	
Contributor address; City; State; Zip Code	Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor 01/30/2023 Mills, Anne State	Austin, TX 78731 Principal occupation / Job title (See Instructions) Analyst Employer (See Instructions) Retired Date Full name of contributor 07/30/2023 Mills, Anne State	12/08/2023			¢∠⊃
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 07/30/2023 Mills, Anne \$1.50		Contributor address; City; State; Zip Code		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 07/30/2023 Mills, Anne \$1.50				
Austin, TX 78731	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) 07/30/2023 Mills, Anne \$1.50		Austin. TX 78731		
	Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Analyst Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.50	Principal occu		Employer (See Instructions	<u> </u> ډ)
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.5	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/30/2023 Mills, Anne \$1.50				<i>')</i>
	07/30/2023 Mills, Anne \$1.5	07/30/2023 Mills, Anne \$1.50	-			Amount of Contribution (\$)
					J	.,
	Continuation address, City, State, Zip Code	Contributor address, City, State, Zip Code	0110012020			+-
Continuator address, City, State, Zip Code				Culturbulor address, City, State, Zip Code		
Commerce, TX 75428	•	Commerce, TX 75428		Commerce, TX 75428		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Commerce, TX 75428	Principal occupation / Job title (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired educator None			Retired educ	cator	None	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None	Retired educator None	08/30/2023	Mills, Anne		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		Contributor address; City; State; Zip Code		1
08/30/2023 Mills, Anne \$	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50				
08/30/2023 Mills, Anne \$	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50				
08/30/2023 Mills, Anne \$	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50		Commerce, TX 75428		
08/30/2023 Mills, Anne \$ Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Retired educator Employer (See Instructions) None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne Contributor address; City; State; Zip Code Amount of Contribution (\$)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
08/30/2023 Mills, Anne \$ Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.5 Contributor address; City; State; Zip Code Commerce, TX 75428	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Commerce, TX 75428 Lot of the state of t	Retired educ	cator	None	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Commerce, TX 75428	Principal occupation / Job title (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired educator None		Employer (See instructions)	Retired educ	ator	None	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	08/30/2023	Mills, Anne		\$1
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		Contributor address; City; State; Zip Code		
08/30/2023 Mills, Anne \$	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50				
08/30/2023 Mills, Anne \$	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50		Commerce, TX 75428		
08/30/2023 Mills, Anne \$ Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Retired educator Employer (See Instructions) None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne Contributor address; City; State; Zip Code Amount of Contribution (\$)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code	Principal occu		Employer (See Instructions	1s)
08/30/2023 Mills, Anne Contributor address; City; State; Zip Code Commerce, TX 75428	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.5 Contributor address; City; State; Zip Code Commerce, TX 75428	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Commerce, TX 75428 Lot of the state of t				
08/30/2023 Mills, Anne \$ Contributor address; City; State; Zip Code \$ Commerce, TX 75428 \$ Principal occupation / Job title (See Instructions) \$ Employer (See Instructions) \$	Principal occupation / Job title (See Instructions) Retired educator Employer (See Instructions) None Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Mills, Anne Contributor address; City; State; Zip Code Amount of Contribution (\$) Commerce, TX 75428 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$1.50 Commerce, TX 75428 Employer (See Instructions) Employer (See Instructions)			<u> </u>	
08/30/2023 Mills, Anne \$ Contributor address; City; State; Zip Code \$ Commerce, TX 75428 \$ Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.5 Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$1.50 Commerce, TX 75428 Employer (See Instructions) Employer (See Instructions)				
08/30/2023 Mills, Anne \$ Contributor address; City; State; Zip Code \$ Commerce, TX 75428 \$ Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.5 Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Retired educator None Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$1.50 Commerce, TX 75428 Employer (See Instructions) Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 163/290 Rpt: 166/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2023 Mills, Anne \$1.50 6 Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Retired educator None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/30/2023 Mills, Anne \$1.50 Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 \$5.00 Mills, Anne Contributor address; City; State; Zip Code Commerce, TX 75428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired educator None

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 164/290 Rpt: 167/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/30/2023	Mills, Anne		\$5.00
	6 Contributor address; City; State; Zip Code		4
	Commerce, TX 75428		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Retired educ	cator	None	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/30/2023	Mills, Anne		\$5.00
	Contributor address; City; State; Zip Code		•
	Commerce, TX 75428		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired educ		None	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/30/2023	Mills, Anne		\$5.00
	Contributor address; City; State; Zip Code		•
	Commerce, TX 75428		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired educ	ator	None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Mills, Anne		\$5.00
	Contributor address; City; State; Zip Code		1
	Commerce, TX 75428		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired educ	;ator	None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2023	Mills, Anne		\$5.00
	Contributor address; City; State; Zip Code		1
	Commerce, TX 75428		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired educ	;ator	None	

The Instru	ction Guide explains how to comp		1 Total pages Schedule A1:
	ction Guide explains how to compl	ete this ionii.	Sch: 165/290 Rpt: 168/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date		ate PAC (ID#:)	7 Amount of Contribution (\$)
07/20/2023			\$1.5
	6 Contributor address; City; State; Zip Code	е	
	Austin, TX 78704		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instruction	ions)
Retired		Retired	
Date	Full name of contributor out-of-stat	ate PAC (ID#:)	Amount of Contribution (\$)
08/20/2023	Milne, Cynthia		\$1.5
	Contributor address; City; State; Zip Code	е	
Principal occu	Austin, TX 78704 Ipation / Job title (See Instructions)	Employer (See Instruction	
Retired		Retired	uns)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
09/20/2023	Milne, Cynthia	.le PAC (ID#)	\$1.5
		e	······
		-	
	Austin, TX 78704		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instruction Retired	ons)
Date 10/20/2023		ate PAC (ID#:)	Amount of Contribution (\$) \$1.5
10/20/2023	Milne, Cynthia Contributor address; City; State; Zip Code	^	ψ±.υ
		e	
	Austin, TX 78704		
	ipation / Job title (See Instructions)	Employer (See Instruction	ons)
Retired		Retired	
Date		ate PAC (ID#:)	Amount of Contribution (\$)
11/20/2023	Milne, Cynthia		\$1.5
	Contributor address; City; State; Zip Code	е	
	Austin, TX 78704		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instruction	ons)
Retired	•	Retired	
		I	

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 166/290 Rpt: 169/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
07/20/2023	-,-,-		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78704		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
08/20/2023	Milne, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
-	upation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2023	Milne, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
	upation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/20/2023	Milne, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
	upation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/20/2023			\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70704		
D in single and	Austin, TX 78704		×
-	upation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
	· ·	01111	Sch: 167/290 Rpt: 170/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/17/2023	Mittelstet, Sandra		\$1.50
	6 Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/17/2023	Mittelstet, Sandra		\$1.50
	Contributor address; City; State; Zip Code		•
	Flower Mound, TX 75028		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	3)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/17/2023	Mittelstet, Sandra		\$1.50
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2023	Mittelstet, Sandra		\$1.50
	Contributor address; City; State; Zip Code		1
	Flower Mound TV 75020		
Dringing and	Flower Mound, TX 75028		-
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	3)
Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Mittelstet, Sandra)	Amount of Contribution (\$) \$1.50
11/1//2023			ψ1.50
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
		1	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 168/290 Rpt: 171/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/17/2023			\$1.50
	6 Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75028		
8 Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Retired		Retired	"
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/17/2023	Full name of contributor out-of-state PAC (ID#: Mittelstet, Sandra)	\$5.00
01/11/2023			φυ.υυ •
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired		Retired	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
08/17/2023	Mittelstet, Sandra	/	\$5.00
00,2	Contributor address; City; State; Zip Code		•
	Flower Mound, TX 75028		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/17/2023	Mittelstet, Sandra		\$5.00
1	Contributor address; City; State; Zip Code		1
1			
L	Flower Mound, TX 75028		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2023	Mittelstet, Sandra		\$5.00
1	Contributor address; City; State; Zip Code		1
1			
	Flower Mound, TX 75028	i	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	form.	Sch: 169/290 Rpt: 172/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/17/2023			\$5.00
	6 Contributor address; City; State; Zip Code		
Dringingloca	Flower Mound, TX 75028	Content (Soc Instructions)	<u></u>
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions) Retired)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/17/2023	Mittelstet, Sandra		\$5.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Retired	, , , , , , , , , , , , , , , , , , ,	Retired	′
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/10/2023	Moore, Bonnie	/	\$2.25
•••••	Contributor address; City; State; Zip Code		
	Trophy Club, TX 76262		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Business ow	<i>v</i> ner	Self employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/15/2023	Moore, Bonnie		\$1.00
	Contributor address; City; State; Zip Code		
	Tranky Olive TV 76060		
Dringing loog	Trophy Club, TX 76262		
Principal occu Voting rights	upation / Job title (See Instructions)	Employer (See Instructions) Retired)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$2.25
08/10/2023			Φ2.20
	Contributor address; City; State; Zip Code		
	Trophy Club, TX 76262		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Business ow		Self employed	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 170/290 Rpt: 173/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/15/2023 Moore, Bonnie \$1.00 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/10/2023 \$2.25 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/15/2023 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2023 \$2.25 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2023 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 171/290 Rpt: 174/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/10/2023 Moore, Bonnie \$2.25 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Business owner** Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/15/2023 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/10/2023 Moore, Bonnie \$2.25 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business owner Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/15/2023 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/10/2023 \$7.50 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 172/290 Rpt: 175/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/15/2023 Moore, Bonnie \$5.00 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/10/2023 \$7.50 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/15/2023 Moore, Bonnie \$5.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2023 \$7.50 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/15/2023 \$5.00 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 173/290 Rpt: 176/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2023 Moore, Bonnie \$7.50 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Business owner** Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2023 Moore, Bonnie \$5.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/10/2023 Moore, Bonnie \$7.50 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business owner Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/15/2023 \$5.00 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/10/2023 \$7.50 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 174/290 Rpt: 177/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/15/2023 Moore, Bonnie \$5.00 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/25/2023 Morgan, Monica \$5.00 Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Rodriguez and Morgan Law Offices, PLLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/25/2023 \$5.00 Morgan, Monica Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rodriguez and Morgan Law Offices, PLLC Attorney Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ 09/25/2023 \$5.00 Morgan, Monica Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rodriguez and Morgan Law Offices, PLLC Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/25/2023 \$5.00 Morgan, Monica Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Rodriguez and Morgan Law Offices, PLLC

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 175/290 Rpt: 178/303	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/25/2023	Morgan, Monica				\$5.00
		6 Contributor address; City; State; Zip Code		•		
		Pearland, TX 77584				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Rodriguez and Morgan I	Lav	v Offices, PLLC	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/08/2023	O'Neill, Sarah				\$15.00
		Contributor address; City; State; Zip Code		•		
		New York, NY 10011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	N/A		N/A			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/08/2023	O'Neill, Sarah				\$15.00
				•		
		New York, NY 10011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	N/A		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/08/2023	O'Neill, Sarah				\$15.00
		Contributor address; City; State; Zip Code		1		
		New York, NY 10011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	N/A		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/08/2023	O'Neill, Sarah				\$15.00
		Contributor address; City; State; Zip Code				
L		New York, NY 10011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	N/A		N/A			

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 176/290 Rpt: 179/303		
2	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Every State Blue - Texas				00087094		
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)		
	11/08/2023	O'Neill, Sarah				\$15.00	
		6 Contributor address; City; State; Zip Code		1			
	New York, NY 10011						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	N/A		N/A				
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)		
	12/08/2023 O'Neill, Sarah					\$15.00	
	Contributor address; City; State; Zip Code			1			
		New York, NY 10011					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	N/A		N/A				
	Date	Full name of contributor out-of-state PAC (ID#:	· :)	Γ	Amount of Contribution (\$)		
	07/08/2023					\$50.00	
	Contributor address; City; State; Zip Code New York, NY 10011			1			
	Principal occupation / Job title (See Instructions)		Employer (See Instructions	s)			
N/A			N/A				
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)		
	08/08/2023 O'Neill, Sarah					\$50.00	
	Contributor address; City; State; Zip Code			1			
	New York, NY 10011						
	Principal occupation / Job title (See Instructions)		Employer (See Instructions	s)			
	N/A		N/A				
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)		
	09/08/2023	O'Neill, Sarah				\$50.00	
Contributor address; City; State; Z		Contributor address; City; State; Zip Code	Zip Code				
		New York, NY 10011					
Principal occupation / Job title (See Instructions)			Employer (See Instructions	s)			
N/A			N/A				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 177/290 Rpt: 180/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2023 O'Neill, Sarah \$50.00 6 Contributor address; City; State; Zip Code New York, NY 10011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$50.00 11/08/2023 O'Neill, Sarah Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/08/2023 O'Neill, Sarah \$50.00 Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/14/2023 Obi, Trudy \$1.00 Contributor address; City; State; Zip Code Berkeley, CA 94707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor and project manager ION Translations, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/14/2023 \$1.00 Obi, Trudy Contributor address; City; State; Zip Code Berkeley, CA 94707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor and project manager ION Translations, LLC

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 178/290 Rpt: 181/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/14/2023	Obi, Trudy				\$1.00
		6 Contributor address; City; State; Zip Code		1		
L	<u> </u>	Berkeley, CA 94707		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions ION Translations, LLC	5)		
	-	roject manager				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/14/2023	Obi, Trudy				\$1.00
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
		roject manager	ION Translations, LLC	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/14/2023	Obi, Trudy)			\$1.00
	11/1 //2020					¢1.00
		Berkeley, CA 94707				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Editor and p	roject manager	ION Translations, LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2023	Obi, Trudy				\$1.00
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions ION Translations, LLC	5)		
	-	roject manager				
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
	07/14/2023 Obi, Trudy				\$2.50	
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		roject manager	ION Translations, LLC	,		
⊢	I-					

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 179/290 Rpt: 182/303	
2	FILER NAME	ИЕ			Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	ŗ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	08/14/2023	Obi, Trudy				\$2.50
		6 Contributor address; City; State; Zip Code				
		Berkeley, CA 94707				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Editor and p	roject manager	ION Translations, LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/14/2023	Obi, Trudy				\$2.50
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Editor and pi	roject manager	ION Translations, LLC	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/14/2023					\$2.50
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		roject manager	ION Translations, LLC	')		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/14/2023	Obi, Trudy)			\$2.50
	11/14/2023	Contributor address; City; State; Zip Code				Ψ2.50
		Contributor address, City, State, Zip Code				
		Berkeley, CA 94707				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Editor and p	roject manager	ION Translations, LLC			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2023	Obi, Trudy				\$2.50
	Contributor address; City; State; Zip Code					
		Berkeley, CA 94707				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Editor and project manager ION Translations, LLC					
$\left[\right]$						
1						

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 180/290 Rpt: 183/303		
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/04/2023	Orr, Adam				\$3.75
		6 Contributor address; City; State; Zip Code		1		
		Humble, TX 77396-4144				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	IT Business	Analyst	Symmetry Energy Soluti	tions	}	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/04/2023	Orr, Adam				\$12.50
		Contributor address; City; State; Zip Code]		
		Liveship TV 77006 4144				
	Dringinal occu	Humble, TX 77396-4144 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	IT Business		Symmetry Energy Soluti		e	
╞		-				
	Date)		Amount of Contribution (\$)	ቀ1 ይህ
	07/28/2023	POWER, MARGARET				\$1.50
		Contributor address; City; State; Zip Code				
		Altadena, CA 91001				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired	1	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/29/2023	POWER, MARGARET				\$1.50
		Contributor address; City; State; Zip Code		1		
		Altadena, CA 91001				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/28/2023	POWER, MARGARET				\$1.50
	Contributor address; City; State; Zip Code					
		Altadena, CA 91001				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	5)		
			Treared			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 181/290 Rpt: 184/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/28/2023	POWER, MARGARET		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Altadena, CA 91001		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date)	Amount of Contribution (\$)
11/28/2023	POWER, MARGARET		\$1.50
	Contributor address; City; State; Zip Code		1
	Altadena, CA 91001		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	»)
			Amount of Contribution (\$)
Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: POWER, MARGARET)	Amount of Contribution (\$) \$1.50
ILILUILULU	Contributor address; City; State; Zip Code		, ,
	Continuutor address, City, State, Zip Code		
	Altadena, CA 91001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/28/2023	POWER, MARGARET		\$5.00
	Contributor address; City; State; Zip Code		1
Driv single easy	Altadena, CA 91001		Į
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	\$)
	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/29/2023	POWER, MARGARET		\$5.00
	Contributor address; City; State; Zip Code		
	Altadena, CA 91001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Retired		Retired	,

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 182/290 Rpt: 185/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/28/2023	- , -		\$5.00
	6 Contributor address; City; State; Zip Code		
	Altadena, CA 91001		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Retired		Retired	7
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/28/2023	POWER, MARGARET	/	\$5.00
10,20,2022			
	Altadena, CA 91001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	E
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/28/2023	POWER, MARGARET		\$5.00
	Contributor address; City; State; Zip Code		
	Altadena, CA 91001		
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/28/2023	POWER, MARGARET		\$5.00
	Contributor address; City; State; Zip Code		
	Altadena, CA 91001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	<i>v</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/18/2023)	\$1.50
UTITOLOLU	Contributor address; City; State; Zip Code		
	LOS ANGELES, CA 90065		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	E 5)
retired		N/A	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 183/290 Rpt: 186/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/18/2023 Park, Ben \$1.50 6 Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/18/2023 Park, Ben \$1.50 Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2023 Park, Ben \$1.50 Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/18/2023 Park, Ben \$1.50 Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/18/2023 \$1.50 Park, Ben Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 184/290 Rpt: 187/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/18/2023	Park, Ben				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		LOS ANGELES, CA 90065				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		N/A			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/18/2023	Park, Ben				\$5.00
		Contributor address; City; State; Zip Code		1		
		LOS ANGELES, CA 90065				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2023	Park, Ben				\$5.00
		Contributor address; City; State; Zip Code				
		LOS ANGELES, CA 90065				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2023	Park, Ben				\$5.00
		Contributor address; City; State; Zip Code		1		
		LOS ANGELES, CA 90065				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		N/A			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/18/2023	Park, Ben				\$5.00
		Contributor address; City; State; Zip Code		1		
L		LOS ANGELES, CA 90065	i			
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	retired		N/A			
1						

_							
	The Instru	ction Guide explains how to con	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 185/290 Rpt: 188/303	
2	FILER NAME				3	Filer ID (Ethics Commission Fi	ilers)
	Every State	Blue - Texas				00087094	
4	Date	5 Full name of contributor out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/18/2023	Park, Ben					\$5.00
		6 Contributor address; City; State; Zip C	Code				
		LOS ANGELES, CA 90065					
		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	retired			N/A	-		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/19/2023	Parr, Kay					\$1.50
		Contributor address; City; State; Zip C	Code				
		Weatherford, TX 76086					
	Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
	Meeting Cor			Self Employed	り		
	_				I	Amount of Contribution (\$)	
	Date 08/19/2023	Parr, Kay	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.50
	0011312023	-					Ψ1.50
		Contributor address; City; State; Zip C	JULE				
		Weatherford, TX 76086					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Meeting Cor	isultant		Self Employed			
	Date	Full name of contributor out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2023	Parr, Kay					\$1.50
		Contributor address; City; State; Zip C	Code				
		Weatherford, TX 76086	r				
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Meeting Cor			Self Employed	-		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/19/2023 Parr, Kay				\$1.50		
		Contributor address; City; State; Zip C	Code				
		Weatherford, TX 76086					
-	Princinal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u> יו		
	Meeting Cor			Self Employed	<i>י</i> י		
	Wooding Co.						

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 186/290 Rpt: 189/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	11/19/2023	Parr, Kay				\$1.50
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Weatherford, TX 76086				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Meeting Con	.sultant	Self Employed			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	12/19/2023	Parr, Kay				\$1.50
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Weatherford, TX 76086				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Meeting Con	.sultant	Self Employed			
	Date		D#:)	Ţ	Amount of Contribution (\$)	
	07/19/2023	Parr, Kay				\$5.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Weatherford, TX 76086		Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Meeting Con		Self Employed	. 		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	08/19/2023	Parr, Kay				\$5.00
	ļ	Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
	Meeting Con		Self Employed	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	ቀር በበ
	09/19/2023	Parr, Kay				\$5.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Weatherford, TX 76086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ر)</u>		
	Meeting Con		Self Employed	5)		
-	Mooting et.					

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 187/290 Rpt: 190/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date 10/19/2023	 Full name of contributor out-of-state PAC (ID#: Parr, Kay Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$5.00
	Weatherford, TX 76086		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	<i>;</i>)
Meeting Cor	isultant	Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/19/2023	Parr, Kay		\$5.00
	Contributor address; City; State; Zip Code		
	Weatherford, TX 76086		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Meeting Cor		Self Employed	,
Date			Amount of Contribution (\$)
12/19/2023)	Amount of Contribution (\$) \$5.00
12/19/2023			φυ.υυ
	Contributor address; City; State; Zip Code		
	Weatherford, TX 76086		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Meeting Cor	nsultant	Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2023	Perez, Daniel		\$11.91
	Contributor address; City; State; Zip Code		
	Alhambra, CA 91803		
·	upation / Job title (See Instructions)	Employer (See Instructions	
Safety Profe	essional	Jacobs	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/02/2023	Perez, Roel		\$1.00
	Contributor address; City; State; Zip Code		
	Mcallen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Social worke		Ut health	7
	<u></u>		

The Instru	ction Guide explains how to o	complete this fo	orm.		Total pages Schedule A1: Sch: 188/290 Rpt: 191/303	
2 FILER NAME				_	Filer ID (Ethics Commission F	ilers)
Every State	Blue - Texas			1	00087094	
4 Date 08/02/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Zip Code		1		
	Mcallen, TX 78501	— P —				
8 Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	s)		
Social worke	۲		Ut health			
Date	Full name of contributor	out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
09/02/2023	Perez, Roel					\$1.00
	Contributor address; City; State; Z			1		
	Mcallen, TX 78501					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ב)		
Social worke			Ut health	3)		
				Т	Amount of Contribution (\$)	
Date 10/02/2023		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
10/02/2023	Perez, Roel	7:- 0				ΦΤ.ΟΟ
	Contributor address; City; State; 2	ZIP Code				
	Mcallen, TX 78501					
	pation / Job title (See Instructions)		Employer (See Instructions	s)		
Social worke	۲ <u> </u>		Ut health			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
11/02/2023	Perez, Roel					\$1.00
	Contributor address; City; State; Z	Zip Code		1		
	Mcallen, TX 78501					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
Social worke	۲		Ut health			
Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
12/02/2023	Perez, Roel					\$1.00
	Contributor address; City; State; Z	Zin Code		1		
		p				
	Mcallen, TX 78501					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Social worke	۲		Ut health			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 189/290 Rpt: 192/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/02/2023	Perez, Roel		\$2.50
	6 Contributor address; City; State; Zip Code		
	Mcallen, TX 78501		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Social worke	er 	Ut health	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/02/2023			\$2.50
	Contributor address; City; State; Zip Code		
	Mcallen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Social worke		Ut health	U
Date			Amount of Contribution (\$)
09/02/2023)	\$2.50
UUIULILULU			*
	Contributor address, City, State, Zip Code		
	Mcallen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Social worke	er	Ut health	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/02/2023	Perez, Roel		\$2.50
	Contributor address; City; State; Zip Code		
Drippingl oppu	Mcallen, TX 78501		
Principal occu Social worke	upation / Job title (See Instructions)	Employer (See Instructions) Ut health	;)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/02/2023			\$2.50
	Contributor address; City; State; Zip Code		
	Mcallen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Social worke		Ut health	,

_				
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 190/290 Rpt: 193/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)
	12/02/2023	Perez, Roel		\$2.50
	I	6 Contributor address; City; State; Zip Code		
	I			
	I			
		Mcallen, TX 78501		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Social worke	۶۲ 	Ut health	
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
	07/01/2023	Pessner, Kirk		\$1.50
	l	Contributor address; City; State; Zip Code		
	I			
	I	Burlingame, CA 94010		
_	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Senior Paral		Miller & Olson, LLP	5)
╞		-		
	Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
	08/01/2023	Pessner, Kirk		\$1.50
	l	Contributor address; City; State; Zip Code		
	l			
	l	Burlingame, CA 94010		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Senior Paral	egal	Miller & Olson, LLP	
	Date	Full name of contributor out-of-state PAC (ID)	Amount of Contribution (\$)
	09/01/2023	Pessner, Kirk		\$1.50
	I	Contributor address; City; State; Zip Code		
	l			
	l			
		Burlingame, CA 94010		-
	•	ipation / Job title (See Instructions)	Employer (See Instructions	3)
	Senior Paral		Miller & Olson, LLP	
	Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
	10/01/2023 Pessner, Kirk		\$1.50	
	Contributor address; City; State; Zip Code			
	I			
	I	Burlingame, CA 94010		
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Senior Paral		Miller & Olson, LLP)
┝				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 191/290 Rpt: 194/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/01/2023	Pessner, Kirk				\$1.50
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Burlingame, CA 94010				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Senior Paral	egal	Miller & Olson, LLP			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/01/2023 Pessner, Kirk					\$1.50
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Burlingame, CA 94010				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Paral	egal	Miller & Olson, LLP			
	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
	07/01/2023	Pessner, Kirk				\$5.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Burlingame, CA 94010	<u> </u>	Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Paral	-	Miller & Olson, LLP	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/01/2023	Pessner, Kirk				\$5.00
		Contributor address; City; State; Zip Code				
	ļ					
		Burlingomo CA 04010				
<u> </u>	Dringingl occu	Burlingame, CA 94010 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Senior Paral		Miller & Olson, LLP	5)		
L				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷= 00
	09/01/2023	Pessner, Kirk				\$5.00
	Contributor address; City; State; Zip Code					
	Burlingame, CA 94010					
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Senior Paral		Miller & Olson, LLP	>)		
L						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 192/290 Rpt: 195/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/01/2023	Pessner, Kirk				\$5.00
	ļ	6 Contributor address; City; State; Zip Code		1		
		Burlingame, CA 94010				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Senior Paral	egal	Miller & Olson, LLP			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2023 Pessner, Kirk					\$5.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
		Burlingame, CA 94010				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Paral	egal	Miller & Olson, LLP			
	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
	12/01/2023	Pessner, Kirk				\$5.00
	ļ	Contributor address; City; State; Zip Code		1		
		Burlingame, CA 94010	<u> </u>	Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Paral		Miller & Olson, LLP	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/04/2023	Poteat, Cyrus				\$5.00
		Contributor address; City; State; Zip Code				
	ļ	Couth Dond IN 46617				
L	Dringingl occu	South Bend, IN 46617	Employer (See Instructions	<u> </u>		
	Principal occu Product Man	ipation / Job title (See Instructions)	Employer (See Instructions Collectors Holdings	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷= 00
	08/04/2023	Poteat, Cyrus				\$5.00
	Contributor address; City; State; Zip Code					
	ľ	South Bend, IN 46617	ſ			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Product Man		Collectors Holdings	>)		
⊢						

			1
The Instru	uction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 193/290 Rpt: 196/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/01/2023			\$5.00
	6 Contributor address; City; State; Zip Code		1
	Highland Park, IL 60035		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2023			\$5.00
	Contributor address; City; State; Zip Code		1
	Highland Park, IL 60035		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
11/01/2023			\$5.00
	Contributor address; City; State; Zip Code		•
	Highland Park, IL 60035		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/01/2023		/	\$5.00
12,02,2022	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Highland Park, IL 60035		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/23/2023		/	\$0.50
01720,2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	SAN ANTONIO, TX 78213		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
N/A		N/A	>)
1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 194/290 Rpt: 197/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/23/2023	RAMOS-AVILES, SOCORRO		\$0.50
	6 Contributor address; City; State; Zip Code		1
	SAN ANTONIO, TX 78213		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023	RAMOS-AVILES, SOCORRO		\$0.50
	Contributor address; City; State; Zip Code		1
	SAN ANTONIO, TX 78213		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/14/2023	Reber, Douglas		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78717		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Engineer		NXP Semiconductors	
Date)	Amount of Contribution (\$)
08/14/2023	Reber, Douglas		\$2.00
	Contributor address; City; State; Zip Code]
Driv vinel easy	Austin, TX 78717		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Engineer		NXP Semiconductors	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/14/2023	Reber, Douglas		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Engineer		NXP Semiconductors	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 195/290 Rpt: 198/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/14/2023	Reber, Douglas		\$2.00
	6 Contributor address; City; State; Zip Code		
<u>. </u>	Austin, TX 78717	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Engineer		NXP Semiconductors	
Date	—)	Amount of Contribution (\$)
11/14/2023			\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Engineer		NXP Semiconductors	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/14/2023	Full name of contributor out-of-state PAC (ID#: Reber, Douglas)	\$2.00
1211712020			
	Continuation address, Gity, State, Zip Code		
	Austin, TX 78717		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Engineer		NXP Semiconductors	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/14/2023	Reber, Douglas		\$12.50
	Contributor address; City; State; Zip Code		
Driv single age	Austin, TX 78717		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions NXP Semiconductors	3)
Engineer			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/14/2023	Reber, Douglas		\$12.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Engineer		NXP Semiconductors	<i>יי</i>

The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 196/290 Rpt: 199/303	
2 FILER NAME				3	Filer ID (Ethics Commission F	-ilers)
	Blue - Texas				00087094	,
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/14/2023	Reber, Douglas					\$12.50
	6 Contributor address; City; State;	e; Zip Code		1		
	Austin, TX 78717					
8 Principal occu Engineer	ipation / Job title (See Instructions)		9 Employer (See Instructions NXP Semiconductors	5)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
10/14/2023	Reber, Douglas					\$12.50
	Contributor address; City; State; Zip Code			1		
	Austin, TX 78717					
Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
Engineer			NXP Semiconductors			
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/14/2023	Reber, Douglas	1				\$12.50
	Contributor address; City; State;	e; Zip Code		1		
	Austin, TX 78717					
Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ج)		
Engineer	pation, cos ano (ore mension -),		NXP Semiconductors	,		
				Τ	Amount of Contribution (\$)	
Date 12/14/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ1 ን ፍበ
12/14/2020		. Zie Code				\$12.50
	Contributor address; City; State;	; Zip Code				
	Austin, TX 78717					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Engineer			NXP Semiconductors			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/18/2023	Reichman, Henry					\$5.00
	Contributor address; City; State;	; Zip Code		1		
	Albany, CA 94706					
Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
retired			retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 197/290 Rpt: 200/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/04/2023 Richards, Grace \$1.50 6 Contributor address; City; State; Zip Code Alexandria, VA 22307 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lawyer US DOJ Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/04/2023 \$5.00 Richards, Grace Contributor address; City; State; Zip Code Alexandria, VA 22307 Principal occupation / Job title (See Instructions) Employer (See Instructions) US DOJ Lawyer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/14/2023 Rodriguez, Rachel \$1.00 Contributor address; City; State; Zip Code Pasadena, CA 91106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/14/2023 Rodriguez, Rachel \$1.00 Contributor address; City; State; Zip Code Pasadena, CA 91106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/14/2023 \$1.00 Rodriguez, Rachel Contributor address; City; State; Zip Code Pasadena, CA 91106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1:
	· · ·		Sch: 198/290 Rpt: 201/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
10/14/2023	Rodriguez, Rachel		\$1.00
	6 Contributor address; City; State; Zip Code		
	Pasadena, CA 91106		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	Σ 5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
11/14/2023	Rodriguez, Rachel		\$1.00
	Contributor address; City; State; Zip Code		1
	Decedera CA 01106		
Principal occu	Pasadena, CA 91106 Ipation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Employer (See Instructions Retired	\$)
			Amount of Contribution (\$)
Date 12/14/2023	Full name of contributor Out-of-state PAC (ID# Rodriguez, Rachel	::)	Amount of Contribution (\$) \$1.00
1412020	Contributor address; City; State; Zip Code		ψ±
	Contributor address, City, State, Zip Code		
	Pasadena, CA 91106		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
07/14/2023	Rodriguez, Rachel		\$2.50
	Contributor address; City; State; Zip Code		
	Pasadena, CA 91106		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>Ι</u> δ)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
08/14/2023	Rodriguez, Rachel		\$2.50
	Contributor address; City; State; Zip Code		1
Duin single ages	Pasadena, CA 91106		Į
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	\$)
Relieu		Relifeu	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 199/290 Rpt: 202/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
09/14/2023	3 3 4 5		\$2.50
	6 Contributor address; City; State; Zip Code	, ,	1
	Pasadena, CA 91106	•	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/14/2023	Rodriguez, Rachel		\$2.50
	Contributor address; City; State; Zip Code		1
	Pasadena, CA 91106		
Dringinal occu		Employer (See Instructions	
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	3)
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/14/2023	Rodriguez, Rachel		\$2.50
	Contributor address; City; State; Zip Code		
	Pasadena, CA 91106		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/14/2023	Rodriguez, Rachel		\$2.50
	Contributor address; City; State; Zip Code		1
	Pasadena, CA 91106	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/29/2023	Rogers, Kate		\$1.50
	Contributor address; City; State; Zip Code		
1	Sherwood Forest, MD 21405		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Retired	5)
Trearea		Reureu	
4			

MONETARY POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form.

	The Instru	action Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 200/290 Rpt: 203/303		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Every State	Blue - Texas			00087094			
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)		
	08/29/2023	Rogers, Kate		· · · · · · · · · · · · · · · · · · ·		\$1.50		
		6 Contributor address; City; State; Zip Code						
		Sherwood Forest, MD 21405						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Retired			Retired				
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)		
	09/29/2023	Rogers, Kate				\$1.50		
	Contributor address; City; State; Zip Code							
		Sherwood Forest, MD 21405						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired			Retired				
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)		
	10/29/2023	Rogers, Kate				\$1.50		
		Contributor address; City; State; Zip Code						
		Sherwood Forest, MD 21405			<u> </u>			
		pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired			Retired				
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)		
	11/29/2023				\$1.			
		Contributor address; City; State; Zip Code						
		Sherwood Forest, MD 21405						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired			Retired	,			
	Date	Full name of contributor Out-of-state PAC	C (ID#:)		Amount of Contribution (\$)		
	12/29/2023	Rogers, Kate	, (ID#			\$1.50		
	Contributor address; City; State; Zip Code				+1.00			
		Sherwood Forest, MD 21405						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired			Retired				

			[
The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 201/290 Rpt: 204/303		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Every State	Blue - Texas		00087094		
4 Date 07/29/2023			7 Amount of Contribution (\$) \$5.00		
9 Dringingloggy	Sherwood Forest, MD 21405	Employer (Soo Instructions			
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	.)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/29/2023	Rogers, Kate		\$5.00		
	Contributor address; City; State; Zip Code				
	Sherwood Forest, MD 21405				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
Retired		Retired			
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
09/29/2023	Rogers, Kate		\$5.00		
	Contributor address; City; State; Zip Code				
	Sherwood Forest, MD 21405				
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/29/2023	Rogers, Kate		\$5.00		
	Contributor address; City; State; Zip Code				
	Sherwood Forest, MD 21405				
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	L		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
11/29/2023	Rogers, Kate		\$5.00		
	Contributor address; City; State; Zip Code				
	Sherwood Forest, MD 21405				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)		
Retired		Retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 202/290 Rpt: 205/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/29/2023 Rogers, Kate \$5.00 6 Contributor address; City; State; Zip Code Sherwood Forest, MD 21405 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/13/2023 SEAGER, Glenda \$1.50 Contributor address; City; State; Zip Code Longview, TX 75604 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired none Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/13/2023 SEAGER, Glenda \$1.50 Contributor address; City; State; Zip Code Longview, TX 75604 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired none Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/13/2023 SEAGER, Glenda \$1.50 Contributor address; City; State; Zip Code Longview, TX 75604 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired none Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/13/2023 \$1.50 SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired none

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 203/290 Rpt: 206/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
11/13/2023	SEAGER, Glenda		\$1.50
	6 Contributor address; City; State; Zip Code		1
C. D. Lastan	Longview, TX 75604		Įl
8 Principal occu retired	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
		none	1
Date	Full name of contributor out-of-state PAC (ID#:	::)	Amount of Contribution (\$)
12/13/2023			\$1.50
	Contributor address; City; State; Zip Code		
	Longview, TX 75604		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired		none	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/13/2023			\$5.00
•••	Contributor address; City; State; Zip Code		
	Longview, TX 75604		
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
retired		none	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
08/13/2023	SEAGER, Glenda		\$5.00
	Contributor address; City; State; Zip Code		
	Languigue TV 75604		
Drincinal occu	Longview, TX 75604 Ipation / Job title (See Instructions)	Employer (See Instructions	
retired		none	*)
			Amount of Contribution (\$)
Date 09/13/2023	Full name of contributor out-of-state PAC (ID#: SEAGER, Glenda	:)	Amount of Contribution (\$) \$5.00
0311012020	Contributor address; City; State; Zip Code		ψυ.υυ
	Continuutor address, City, State, Zip Code		
	Longview, TX 75604		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
retired		none	

	The Instru	ction Guide explains how to complete this f	form.		l pages Schedule A1: : 204/290 Rpt: 207/303	
2	FILER NAME			3 Filer	ID (Ethics Commission I	Filers)
	Every State	Blue - Texas		0008	87094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amo	ount of Contribution (\$)	
	10/13/2023	SEAGER, Glenda				\$5.00
	I	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Longview, TX 75604				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ີ ເ		
-	retired	palon, out all (coo molecular)	none	, 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	11/13/2023	SEAGER, Glenda				\$5.00
	I	Contributor address; City; State; Zip Code				
		Longview, TX 75604				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		none			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	12/13/2023	SEAGER, Glenda				\$5.00
	I	Contributor address; City; State; Zip Code				
		······································				
		Longview, TX 75604				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		none			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	07/17/2023	Saal, James				\$5.00
	I	Contributor address; City; State; Zip Code				
		Brooklyn, NY 11218				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	08/17/2023	Saal, James				\$5.00
	I	Contributor address; City; State; Zip Code				
		Brooklyn, NY 11218				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		retired			

MONETARY POLITICAL CONTRIBUTIONS 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 205/290 Rpt: 208/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 09/17/2023 Saal, James 6 Contributor address; City; State; Zip Code Brooklyn, NY 11218 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2023 Saal, James Contributor address; City; State; Zip Code Brooklyn, NY 11218 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/17/2023 Saal, James Contributor address; City; State; Zip Code Brooklyn, NY 11218 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/17/2023 Saal, James Contributor address; City; State; Zip Code Brooklyn, NY 11218 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 07/26/2023 Salas-Porras, Ana Contributor address; City; State; Zip Code

	Austin, TX 78756		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)
Retired		Retired	

SCHEDULE A1

\$5.00

\$5.00

\$5.00

\$5.00

\$3.75

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 206/290 Rpt: 209/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/26/2023	Salas-Porras, Ana		\$3.75
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78756		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/2023	Salas-Porras, Ana		\$3.75
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/26/2023	Salas-Porras, Ana		\$3.75
	Austin, TX 78756		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/26/2023	Salas-Porras, Ana		\$3.75
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/26/2023	12/26/2023 Salas-Porras, Ana		\$3.75
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 207/290 Rpt: 210/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date 07/26/2023	5 Full name of contributor out-of-state PAC (ID#: Salas-Porras, Ana)	7 Amount of Contribution (\$)\$12.50
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78756		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/26/2023	Salas-Porras, Ana		\$12.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78756		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/26/2023	Salas-Porras, Ana		\$12.50
	Contributor address; City; State; Zip Code		4
	Austin, TX 78756		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/26/2023	Salas-Porras, Ana		\$12.50
	Contributor address; City; State; Zip Code		· · · ·
	Contributor address, City, State, Zip Code		
	Austin, TX 78756		
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
11/26/2023	Salas-Porras, Ana	/	\$12.50
11,20,2022	Contributor address; City; State; Zip Code		· · · ·
	Continuutor audress, City, State, Zip Code		
	Austin, TX 78756		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	<i>''</i>
i tourou		- Notifed	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 208/290 Rpt: 211/303
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Every State Blue - Texas	00087094
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/26/2023 Salas-Porras, Ana	\$12.50
6 Contributor address; City; State; Zip Code	
Austin, TX 78756	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023 Salazar, Emily	\$1.50
Contributor address; City; State; Zip Code	
AUSTIN, TX 78759	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023 Salazar, Emily	\$1.50
Contributor address; City; State; Zip Code	
AUSTIN, TX 78759	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023 Salazar, Emily	\$1.50
	+
Contributor address; City; State; Zip Code	
AUSTIN, TX 78759	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	, ,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023 Salazar, Emily	\$1.50
	Ψ±
Contributor address; City; State; Zip Code	
۱ ۱	
AUSTIN TX 78759	
AUSTIN, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions)	N N
Principal occupation / Job title (See Instructions) Employer (See Instructions))
)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 209/290 Rpt: 212/303
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/30/2023	Salazar, Emily		\$1.50
	6 Contributor address; City; State; Zip Code		•
	AUSTIN, TX 78759		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Salazar, Emily		\$5.00
	Contributor address; City; State; Zip Code		1
Driv single age	AUSTIN, TX 78759		<u> </u>
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2023			\$5.00
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78759		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	<i>"</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
09/30/2023	Full name of contributor out-of-state PAC (ID#: Salazar, Emily)	\$5.00
03/30/2023	-		40.00
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78759		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/30/2023	Salazar, Emily		\$5.00
Contributor address; City; State; Zip Code			1
	AUSTIN, TX 78759		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	

-	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 210/290 Rpt: 213/303	3
2 F	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Blue - Texas			00087094	,
4 C	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
1	11/30/2023	Salazar, Emily				\$5.00
		6 Contributor address; City; State; Zip Code		"		
		AUSTIN, TX 78759				
		pation / Job title (See Instructions)	9 Employer (See Instruction	s)		
r	retired		retired			
[Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	07/09/2023	Sashkin, Davina				\$12.50
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78739				
		pation / Job title (See Instructions)	Employer (See Instruction			
ļ	Attorney		Wilkinson Barker Knau	er		
[Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
0	08/09/2023	Sashkin, Davina				\$12.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78739				
		pation / Job title (See Instructions)	Employer (See Instruction			
/	Attorney		Wilkinson Barker Knau	er		
[Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	09/09/2023	Sashkin, Davina				\$12.50
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78739				
		pation / Job title (See Instructions)	Employer (See Instruction			
-	Attorney		Wilkinson Barker Knau	er		
	Date	Full name of contributor out-of-state PAC	(ID#:)]	Amount of Contribution (\$)	
1	10/09/2023	Sashkin, Davina				\$12.50
		Contributor address; City; State; Zip Code		Ϊ		
		Austin, TX 78739	i			
		pation / Job title (See Instructions)	Employer (See Instruction			
ļ	Attorney		Wilkinson Barker Knau	er		

Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 11/09/2023 Sashkin, Davina 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code Austin, TX 78739 8 Principal occuration / Job title (See Instructions) Attorney Attorney 9 Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	xplains how to complete this form.	
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor		
Every State Blue - Texas 00087094 4 Date Sell name of contributor out-of-state PAC (DP:	3 Filer ID (Ethics Commission File	ers)
11/09/2023 Sashkin, Davina 6 Contributor address; City; State; Zip Code Austin, TX 78739 Principal occupation / Job title (See Instructions) Attorney Perincipal occupation / Job title (See Instructions) Date Full name of contributor Date Sashkin, Davina Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78739 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Vilkinson Barker Knauer Date Austin, TX 78739 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Vilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#		,
6 Contributor address; City; State; Zip Code Austin, TX 78739 9 8 Principal occupation / Job title (See instructions) Attorney 9 Employer (See instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID::) Amount of Contribution (\$) 12/09/2023 Sashkin, Dawina Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Wilkinson Barker Knauer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID::) Amount of Contribution (\$) O7/08/2023 Full name of contributor out-of-state PAC (ID::) Amount of Contribution (\$) O7/08/2023 Full name of contributor out-of-state PAC (ID::) Amount of Contribution (\$) O8/08/2023 Full name of contributor out-of-state PAC (ID::	contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Austin, TX 78739 9 8 Principal occupation / Job title (See Instructions) Attorney 9 Date Full name of contributor out-of-state PAC (ID#		\$12.50
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:		
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:) Sashkin, Davina Amount of Contribution (\$) 12/09/2023 Sashkin, Davina Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Wilkinson Barker Knauer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Schenck, Thomas Amount of Contribution (\$) 07/08/2023 Schenck, Thomas Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Licensed Professional Counselor Employer (See Instructions) Retired Amount of Contribution (\$) 08/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 0ate Culfton, TX 76634 Employer (See Instructions) Retired Amount of Contribution (\$) 08/08/2023 Contributor address; City; State; Zip Code Amount of Contribution (\$) Clifton, TX 76634 Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor		
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:) Sashkin, Davina Amount of Contribution (\$) 12/09/2023 Sashkin, Davina Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Wilkinson Barker Knauer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Schenck, Thomas Amount of Contribution (\$) 07/08/2023 Schenck, Thomas Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Licensed Professional Counselor Employer (See Instructions) Retired Amount of Contribution (\$) 08/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 0ate Culfton, TX 76634 Employer (See Instructions) Retired Amount of Contribution (\$) 08/08/2023 Contributor address; City; State; Zip Code Amount of Contribution (\$) Clifton, TX 76634 Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor		
Attorney Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:		
Date Full name of contributor out-of-state PAC (ID#:		
12/09/2023 Sashkin, Davina	Wilkinson Barker Knauer	
Contributor address; City; State; Zip Code Austin, TX 78739 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:	contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code		\$12.50
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2023 Schenck, Thomas		I
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2023 Schenck, Thomas		I
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2023 Schenck, Thomas		I
Attorney Wilkinson Barker Knauer Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2023 Schenck, Thomas Contributor address; City; State; Zip Code Amount of Contribution (\$) 07/08/2024 Clifton, TX 76634 Employer (See Instructions) Employer (See Instructions) Licensed Professional Counselor Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	78739	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2023 Schenck, Thomas	See Instructions) Employer (See Instructions)	
07/08/2023 Schenck, Thomas	Wilkinson Barker Knauer	
07/08/2023 Schenck, Thomas	contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code		\$1.00
Clifton, TX 76634 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) 08/08/2023 Schenck, Thomas Amount of Contribution (\$) Contributor address; City; State; Zip Code Clifton, TX 76634 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Licensed Professional Counselor Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor		I
Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Schenck, Thomas		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Schenck, Thomas		
Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Schenck, Thomas	76634	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Schenck, Thomas	See Instructions) Employer (See Instructions)	
08/08/2023 Schenck, Thomas Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occuration / Job title (See Instructions) Licensed Professional Counselor Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023	selor Retired	
08/08/2023 Schenck, Thomas Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occuration / Job title (See Instructions) Licensed Professional Counselor Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023	contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occupation / Job title (See Instructions) Licensed Professional Counselor Date Full name of contributor 09/08/2023 Schenck, Thomas		\$1.00
Clifton, TX 76634 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Schenck, Thomas		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Schenck, Thomas		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Schenck, Thomas Amount of Contribution (\$)		
Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Schenck, Thomas	76634	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Schenck, Thomas Amount of Contribution (\$)	See Instructions) Employer (See Instructions)	
09/08/2023 Schenck, Thomas	Iselor Retired	
09/08/2023 Schenck, Thomas	contributor Ot-of-state PAC (ID#:) Amount of Contribution (\$)	
		\$1.00
Clifton, TX 76634	76634	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Licensed Professional Counselor Retired		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 212/290 Rpt: 215/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2023 Schenck, Thomas \$1.00 6 Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/08/2023 Schenck, Thomas \$12.50 Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/08/2023 Schenck, Thomas \$12.50 Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 \$12.50 Schenck, Thomas Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/08/2023 Schenck, Thomas \$12.50 Contributor address; City; State; Zip Code Clifton, TX 76634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Licensed Professional Counselor Retired

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 213/290 Rpt: 216/303	
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)	
Every State I	Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/30/2023	Schenker, Rebecca		\$1.00	
	6 Contributor address; City; State; Zip Code			
	La Grange, TX 78945	1 <u>-</u> - /2 kratnation		
	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)	
retired		n/a		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/30/2023	Schenker, Rebecca		\$1.00	
	Contributor address; City; State; Zip Code			
	La Grange, TX 78945			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
retired		n/a	<i>,</i>	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
09/30/2023	Schenker, Rebecca	/	\$1.00	
	Contributor address; City; State; Zip Code			
	La Grange, TX 78945			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
retired		n/a		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/30/2023	Schenker, Rebecca		\$1.00	
	Contributor address; City; State; Zip Code			
	La Grange, TX 78945			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
retired		n/a	U	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/30/2023	Full name of contributor out-of-state PAC (ID#: Schenker, Rebecca	/	\$1.00	
11,00,000	Contributor address; City; State; Zip Code			
	La Grange, TX 78945			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
retired		n/a		

L			
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 214/290 Rpt: 217/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/30/2023	Schenker, Rebecca		\$1.00
	6 Contributor address; City; State; Zip Code		
	La Grange, TX 78945	1 <u>-</u> , /o hastaatiaa	
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>i</i>)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Schenker, Rebecca		\$2.50
	Contributor address; City; State; Zip Code		
	La Grange, TX 78945		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		n/a	<i>y</i>
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
08/30/2023	Schenker, Rebecca	/	\$2.50
	Contributor address; City; State; Zip Code		
	La Grange, TX 78945		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Schenker, Rebecca		\$2.50
	Contributor address; City; State; Zip Code		
	La Grange, TX 78945		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
retired		n/a	<i>,</i>)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
10/30/2023	Full name of contributor out-of-state PAC (ID#: Schenker, Rebecca)	\$2.50
10/00/2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	La Grange, TX 78945		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
retired		n/a	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 215/290 Rpt: 218/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/30/2023			\$2.50
	6 Contributor address; City; State; Zip Code		1
	La Grange, TX 78945	-	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/30/2023	Schenker, Rebecca		\$2.50
	Contributor address; City; State; Zip Code]
	La Cranza TV 7004E		
Drizpinal con	La Grange, TX 78945		-
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions	\$)
		n/a	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/13/2023	Schipper, PATRICIA		\$1.25
	Contributor address; City; State; Zip Code		
	Stephenville, TX 76401		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
retired		retired	"
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
08/13/2023	Full name of contributor out-of-state PAC (ID#: Schipper, PATRICIA	J	\$1.25
00/10/2020	Contributor address; City; State; Zip Code		
1	Contributor dudress, City, State, Zip Code		
1			
1	Stephenville, TX 76401		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
09/13/2023			\$1.25
	Contributor address; City; State; Zip Code		•
1			
1			
l	Stephenville, TX 76401		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
1			
1			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 216/290 Rpt: 219/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/13/2023	Schipper, PATRICIA				\$1.25
		6 Contributor address; City; State; Zip Code		1		
			ſ			
		Stephenville, TX 76401				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	11/13/2023	Schipper, PATRICIA				\$1.25
		Contributor address; City; State; Zip Code		1		
		Stephenville, TX 76401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2023	Schipper, PATRICIA				\$1.25
		Contributor address; City; State; Zip Code		1		
		Stephenville, TX 76401				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/13/2023	Schipper, PATRICIA				\$5.00
		Contributor address; City; State; Zip Code		1		
		Stephenville, TX 76401				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/13/2023	Schipper, PATRICIA				\$5.00
		Contributor address; City; State; Zip Code		1		
		Stephenville, TX 76401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			

The Instru	ction Guide explains how to complete this f	[;] orm.	1 Total pages Schedule A1: Sch: 217/290 Rpt: 220/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/13/2023			\$5.00
	6 Contributor address; City; State; Zip Code		1
= • • • • • • • •	Stephenville, TX 76401		
	upation / Job title (See Instructions)	9 Employer (See Instructions retired	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/13/2023	Schipper, PATRICIA		\$5.00
	Contributor address; City; State; Zip Code		
	Stephenville, TX 76401		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	<i>v</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/13/2023	Full name of contributor out-of-state PAC (ID#: Schipper, PATRICIA)	\$5.00
11/10/2020	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Stephenville, TX 76401		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/13/2023	Schipper, PATRICIA		\$5.00
	Contributor address; City; State; Zip Code		1
Di indene	Stephenville, TX 76401		Į
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions	3)
		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/11/2023	Schroeck, Pamela		\$1.50
	Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
None	, , , , , , , , , , , , , , , , , , ,	Retired	·/

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 218/290 Rpt: 221/303
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
08/11/2023	Schroeck, Pamela		\$1.50
	6 Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;) ;)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
09/11/2023	Schroeck, Pamela		\$1.50
	Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	Schroeck, Pamela		\$1.50
	Contributor address; City; State; Zip Code		1
	Poolville, TX 76487		
	upation / Job title (See Instructions)	Employer (See Instructions)	3)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/11/2023	Schroeck, Pamela		\$1.50
1	Contributor address; City; State; Zip Code		1
1			
1			
L	Poolville, TX 76487		
·	upation / Job title (See Instructions)	Employer (See Instructions)	3)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
12/11/2023	Schroeck, Pamela		\$1.50
	Contributor address; City; State; Zip Code		
1			
1			
	Poolville, TX 76487		-
	upation / Job title (See Instructions)	Employer (See Instructions)	3)
None		Retired	
1			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
			Sch: 219/290 Rpt: 222/303
2 FILER NAME Every State B			3 Filer ID (Ethics Commission Filers) 00087094
-			
4 Date 07/11/2023	5 Full name of contributor out-of-state PAC (ID#: Schroeck, Pamela)	7 Amount of Contribution (\$)\$5.00
			40.00
	6 Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/11/2023	Schroeck, Pamela		\$5.00
	Contributor address; City; State; Zip Code		
	Deskille TV 76407		
Bringinal occu	Poolville, TX 76487	Employer (See Instructions	A
None	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)
Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Schroeck, Pamela)	Amount of Contribution (\$) \$5.00
09/11/2023			φο.ου
	Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	;)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	Schroeck, Pamela		\$5.00
	Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
11/11/2023	Schroeck, Pamela		\$5.00
±±, ±±, = + = +	Contributor address; City; State; Zip Code		· · · · · ·
	Poolville, TX 76487		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	;)
None		Retired	
		·	

The Instru	iction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 220/290 Rpt: 223/303
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/11/2023			\$5.00
	6 Contributor address; City; State; Zip Code		
	Poolville, TX 76487		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/22/2023	12/22/2023 Seaman, Natalie		\$3.75
	Contributor address; City; State; Zip Code		
	Los Angeles, CA 90065		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/22/2023	Seaman, Natalie		\$12.50
	Contributor address; City; State; Zip Code		
	Los Angeles, CA 90065		
•	upation / Job title (See Instructions)	Employer (See Instructions	6)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/18/2023	Seldin, Ellen		\$3.75
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230	1	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Semi-Retire	d physician	N/A	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/18/2023	Seldin, Ellen		\$3.75
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Semi-Retire	d pnysician	N/A	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 221/290 Rpt: 224/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/18/2023	Seldin, Ellen		\$3.75
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75230		
	upation / Job title (See Instructions)	9 Employer (See Instructions)
Semi-Retired	d physician	N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/18/2023	Seldin, Ellen		\$12.50
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	.)
Semi-Retired		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/18/2023	Seldin, Ellen		\$12.50
	Contributor address; City; State; Zip Code		
Dringing ogg	Dallas, TX 75230		<u> </u>
Semi-Retired	upation / Job title (See Instructions) d nhysician	Employer (See Instructions)	•)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2023	Seldin, Ellen		\$12.50
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Semi-Retired		N/A)
Date		<u> </u>	Amount of Contribution (\$)
07/18/2023	Full name of contributor out-of-state PAC (ID#: Sells, Ashley	/	\$2.25
0111012020	-		Ψ
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78258		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
retired		retired	,
		<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 222/290 Rpt: 225/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/18/2023 Sells, Ashley \$2.25 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/18/2023 \$2.25 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2023 Sells, Ashley \$2.25 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/18/2023 \$2.25 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/18/2023 \$2.25 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 223/290 Rpt: 226/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/18/2023 Sells, Ashley \$7.50 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/18/2023 \$7.50 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/18/2023 Sells, Ashley \$7.50 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2023 \$7.50 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/18/2023 \$7.50 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 224/290 Rpt: 227/303	
2	FILER NAME			3	Filer ID (Ethics Commission Fil	lers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/18/2023	Sells, Ashley				\$7.50
	I	6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78258				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/30/2023	Sexton, Janette]		\$3.75
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77503				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Technical W		Retired	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/30/2023	Sexton, Janette				\$3.75
	-	Contributor address; City; State; Zip Code		•		
		Pasadena, TX 77503				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/30/2023	Sexton, Janette				\$3.75
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77503				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Technical W		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/30/2023	Sexton, Janette				\$3.75
	I	Contributor address; City; State; Zip Code		1		
		Pasadena, TX 77503				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired			

	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 225/290 Rpt: 228/303		
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/30/2023	Sexton, Janette				\$3.75
		6 Contributor address; City; State; Zip Code		1		
		Pasadena, TX 77503				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/30/2023	Sexton, Janette				\$3.75
		Contributor address; City; State; Zip Code		1		
		Pasadena, TX 77503	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Technical W		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/30/2023	Sexton, Janette				\$12.50
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77503				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Technical W		Retired	,		
⊨	Date			1	Amount of Contribution (\$)	
	08/30/2023	Full name of contributor out-of-state PAC (ID#: Sexton, Janette)		Amount of Contribution (\$)	\$12.50
	00/30/2023					Ψ12.50
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/30/2023	Sexton, Janette				\$12.50
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77503				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired			
			•			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 226/290 Rpt: 229/303	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/30/2023	Sexton, Janette				\$12.50
		6 Contributor address; City; State; Zip Code		1		
		Pasadena, TX 77503				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Ī	Amount of Contribution (\$)	
	11/30/2023	Sexton, Janette				\$12.50
		Contributor address; City; State; Zip Code		1		
		Pasadena, TX 77503	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Technical W	riter/Editor	Retired	-		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	12/30/2023	Sexton, Janette				\$12.50
		Contributor address; City; State; Zip Code]		
		Decodore TV 77E02				
┝	Dringingl oppu	Pasadena, TX 77503		<u> </u>		
	Technical W	pation / Job title (See Instructions) riter/Editor	Employer (See Instructions Retired	5)		
				<u> </u>		
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢0 50
	07/30/2023	Shafer, Charlene				\$2.50
		Contributor address; City; State; Zip Code				
		Cypress, TX 77429				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Retired		Retired	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	08/30/2023	Shafer, Charlene	·/			\$2.50
	00,00,	Contributor address; City; State; Zip Code		ł		T-
		Cypress, TX 77429				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊢						

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 227/290 Rpt: 230/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	09/30/2023	Shafer, Charlene				\$2.50
		6 Contributor address; City; State; Zip Code		1		
		Cypress, TX 77429				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	10/30/2023	Shafer, Charlene				\$2.50
		Contributor address; City; State; Zip Code		1		
		Cypress, TX 77429				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor Dut-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	07/21/2023	Shepard, Cindy				\$1.50
		Contributor address; City; State; Zip Code		1		
	,	Hurst, TX 76053		Ĺ		
	Principal occu Artist	ipation / Job title (See Instructions)	Employer (See Instructions Self	5)		
				-		
	Date	Full name of contributor Out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	08/21/2023	Shepard, Cindy				\$1.50
		Contributor address; City; State; Zip Code				
		Livet TV 76050				
<u> </u>	Dringingl occu	Hurst, TX 76053	Employer (Soo Instructions	<u> </u>		
	Artist	ipation / Job title (See Instructions)	Employer (See Instructions Self	5)		
╘				.		
	Date	Full name of contributor Out-of-state PAC (ID	#:)		Amount of Contribution (\$)	\$1 FO
	09/21/2023	Shepard, Cindy				\$1.50
		Contributor address; City; State; Zip Code				
		Hurst, TX 76053				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> -)		
	Artist		Self	>)		
┝	Anii 31					

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 228/290 Rpt: 231/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
	10/21/2023	Shepard, Cindy		\$1.50
		6 Contributor address; City; State; Zip Code		
		Hurst, TX 76053		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Artist		Self	
F	Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
	11/21/2023	Shepard, Cindy		\$1.50
		Contributor address; City; State; Zip Code		
		Hurst, TX 76053		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Artist		Self	
	Date	Full name of contributor Out-of-state PAC (ID#	ŧ:)	Amount of Contribution (\$)
	12/21/2023	Shepard, Cindy		\$1.50
		Contributor address; City; State; Zip Code		
		Hurst, TX 76053		
		pation / Job title (See Instructions)	Employer (See Instructions	S)
	Artist		Self	
	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
	07/21/2023	Shepard, Cindy		\$5.00
		Contributor address; City; State; Zip Code		
		Hurst, TX 76053		
⊢	Dringingloggy		Employer (Cap Instructions	
	Artist	pation / Job title (See Instructions)	Employer (See Instructions Self	S)
╘				1
	Date	Full name of contributor Out-of-state PAC (ID#	·:)	Amount of Contribution (\$)
	08/21/2023	Shepard, Cindy		\$5.00
		Contributor address; City; State; Zip Code		
		Hurst, TX 76053		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	2)
	Artist		Self	5)
⊢	74131			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 229/290 Rpt: 232/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/21/2023	Shepard, Cindy		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Hurst, TX 76053	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Artist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/21/2023	Shepard, Cindy		\$5.00
	Contributor address; City; State; Zip Code		1
	Hurst, TX 76053	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Artist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/21/2023	Shepard, Cindy		\$5.00
	Contributor address; City; State; Zip Code		1
	Hurst, TX 76053	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Artist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/21/2023	Shepard, Cindy		\$5.00
	Contributor address; City; State; Zip Code	1	1
	Hurst, TX 76053		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Artist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/21/2023	Sides, Rob		\$2.50
	Contributor address; City; State; Zip Code]
	Austin, TX 78701	1	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		none	

	The Instru	ction Guide explains how	<i>ı</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 230/290 Rpt: 233/303	
2	FILER NAME				3	Filer ID (Ethics Commission Fi	ilers)
	Every State	Blue - Texas				00087094	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/21/2023	Sides, Rob	_				\$2.50
		6 Contributor address; City; St	tate; Zip Code		1		
Ļ	Duin singly oppy	Austin, TX 78701	<u></u>		Ĺ		
8	Principal occu retired	pation / Job title (See Instructions	·)	9 Employer (See Instructions none	5)		
					.		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 0 F0
	09/21/2023						\$2.50
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	 \$)	Employer (See Instructions	<u> </u>		
	retired			none			
╞	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/21/2023	Sides, Rob					\$2.50
		Contributor address; City; St	tate; Zip Code		1		
L		Austin, TX 78701	-	<u>1 /2 </u>	Ĺ		
	Principal occu retired	pation / Job title (See Instructions	<i>,</i>)	Employer (See Instructions	5)		
╘		1		none	.		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀጋ ርብ
	11/21/2023	Sides, Rob					\$2.50
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
⊢	Principal occu	I Ipation / Job title (See Instructions)	\$)	Employer (See Instructions	5)		
	retired			none			
╞	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/21/2023	Sides, Rob	<u> </u>				\$2.50
		Contributor address; City; St	ate; Zip Code		1		
L		Austin, TX 78701		1			
		pation / Job title (See Instructions	,)	Employer (See Instructions	5)		
L	retired			none			
							1

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 231/290 Rpt: 234/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/16/2023	Silverbush, Lori		\$1.50
	6 Contributor address; City; State; Zip Code		
	Brooklyn, NY 11238		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Filmmaker		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/16/2023	Silverbush, Lori		\$5.00
	Contributor address; City; State; Zip Code		
	Brooklyn, NY 11238		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Filmmaker		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/17/2023	Simpson, Lin		\$2.50
	Contributor address; City; State; Zip Code		
	Burton, WA 98013		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Smith, William		\$0.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77008-3914		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Smith, William		\$0.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77008-3914		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 232/290 Rpt: 235/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/30/2023 Smith, William \$0.50 6 Contributor address; City; State; Zip Code Houston, TX 77008-3914 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/02/2023 Smokoski, Robert Scott \$5.00 Contributor address; City; State; Zip Code Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/02/2023 Smokoski, Robert Scott \$5.00 Contributor address; City; State; Zip Code Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/02/2023 \$5.00 Smokoski, Robert Scott Contributor address; City; State; Zip Code Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/02/2023 \$5.00 Smokoski, Robert Scott Contributor address; City; State; Zip Code Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Self

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 233/290 Rpt: 236/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/02/2023	Smokoski, Robert Scott		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76164		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Investments		Self	, ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/02/2023	Smokoski, Robert Scott	/	\$5.00
			•
	Fort Worth, TX 76164		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Investments		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/31/2023	Smyth, Bradley		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
None		N/A	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/31/2023	Smyth, Bradley		\$1.50
	Contributor address; City; State; Zip Code		1
Duin single age	Austin, TX 78731		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions N/A	;)
None			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Smyth, Bradley		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
None		N/A	»)
NOTE			
1			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 234/290 Rpt: 237/303
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Every State Blue - Texas	00087094
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/31/2023 Smyth, Bradley	\$1.50
6 Contributor address; City; State; Zip Code	
Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	ns)
None N/A	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023 Smyth, Bradley	\$1.50
Contributor address; City; State; Zip Code	
Austin, TX 78731	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
None N/A	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2023 Smyth, Bradley	\$1.50
Contributor address; City; State; Zip Code	
Austin, TX 78731	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
None N/A	15)
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 07/31/2023 Smyth, Bradley	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78731	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
None N/A	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/31/2023 Smyth, Bradley	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78731	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
None N/A	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 235/290 Rpt: 238/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/30/2023	Smyth, Bradley		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78731		
-	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
None		N/A	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/31/2023	Smyth, Bradley		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
None		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Smyth, Bradley		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing occu	Austin, TX 78731	Employer (See Instructions	
None	ipation / Job title (See Instructions)	Employer (See Instructions N/A	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2023	Smyth, Bradley		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
None	, , , , , , , , , , , , , , , , , , ,	N/A	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/10/2023	Stark, Sharon	·/	\$1.50
•••	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۵)
Retired		Retired	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 236/290 Rpt: 239/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State B	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/18/2023	Stark, Sharon		\$1.5
	6 Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/10/2023	Stark, Sharon		\$1.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/18/2023	Stark, Sharon)	\$1.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/10/2023	Stark, Sharon		\$1.5
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/18/2023	Stark, Sharon		\$1.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)
Retired	· · · · · ·	Retired	
		I	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 237/290 Rpt: 240/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/10/2023	Stark, Sharon				\$1.50
	I	6 Contributor address; City; State; Zip Code		1		
		Frisco, TX 75035				
8	Principal occu	Jupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Retired		Retired	,		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	10/18/2023	Stark, Sharon	/		, anotant or containent (*)	\$1.50
		Contributor address; City; State; Zip Code		·		
		Frisco, TX 75035				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/10/2023	Stark, Sharon				\$1.50
	I	Contributor address; City; State; Zip Code		"		
∟	Drivelaser	Frisco, TX 75035		Ĺ		
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
╞						
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 E0
	11/10/2023	Stark, Sharon				\$1.50
		Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/10/2023	Stark, Sharon				\$1.50
	ł	Contributor address; City; State; Zip Code		"		
L		Frisco, TX 75035	-i			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Retired		Retired			

			1 Total names Calendula A1.
The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 238/290 Rpt: 241/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/18/2023	Stark, Sharon		\$1.50
	6 Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/10/2023	Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
-	pation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/18/2023	Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
D in single and	Frisco, TX 75035		、 、
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)
			· · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/10/2023	Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
Retired		Retired	7
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/18/2023	Full name of contributor out-of-state PAC (ID#: Stark, Sharon)	\$5.00
00/10/2020	Contributor address; City; State; Zip Code		¥0.00
	Continuation address, City, State, Zip Code		
	Frisco, TX 75035		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	l ;)
Retired		Retired	, ,

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 239/290 Rpt: 242/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-		Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	09/10/2023	Stark, Sharon		\$5.00
		6 Contributor address; City; State; Zip Code		
		Frisco, TX 75035		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/18/2023	Stark, Sharon		\$5.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75035		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/10/2023	Stark, Sharon		\$5.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75035	· · · · · ·	
		<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/18/2023	Stark, Sharon		\$5.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75035		
	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	N N
	Retired		Retired)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/10/2023	Stark, Sharon		\$5.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75035		
_	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	λ
	Retired		Retired)
<u> </u>	Ticurcu		Retired	
4				

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 240/290 Rpt: 243/303 2 FILER NAME Every State Blue - Texas 3 Filer ID (Ethics Commission File 00087094 4 Date 11/18/2023 5 Full name of contributor out-of-state PAC (ID#:) Stark, Sharon 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) Retired Principal occupation / Job title (See Instructions) Retired Date 12/10/2023 Full name of contributor out-of-state PAC (ID#:) Stark, Sharon 9 Employer (See Instructions) Retired Amount of Contribution (\$) Date 12/10/2023 Full name of contributor out-of-state PAC (ID#:) Stark, Sharon Amount of Contribution (\$)	ers) \$5.00 \$5.00
2 FILER NAME 3 Filer ID (Ethics Commission File 20087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 11/18/2023 Stark, Sharon 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) Frisco, TX 75035 Frisco, TX 75035 9 Employer (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Out-of-state PAC (ID#:) Amount of Contribution (\$)	\$5.00
Every State Blue - Texas 00087094 4 Date 11/18/2023 5 Full name of contributor or out-of-state PAC (ID#:) Stark, Sharon 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Frisco, TX 75035 8 Principal occurrion / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor or out-of-state PAC (ID#:) Stark, Sharon Amount of Contribution (\$)	\$5.00
11/18/2023 Stark, Sharon 6 Contributor address; City; State; Zip Code Frisco, TX 75035 Frisco, TX 75035 8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Image: Contribution (S)	
6 Contributor address; City; State; Zip Code Frisco, TX 75035 Frisco, TX 75035 8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Frisco, TX 75035 Frisco, TX 75035 8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Amount of Contribution (\$)	\$5.00
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Image: Contribution (Stark)	\$5.00
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Stark, Sharon	\$5.00
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon Stark, Sharon	\$5.00
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 12/10/2023 Stark, Sharon	\$5.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Stark, Sharon	\$5.00
12/10/2023 Stark, Sharon	\$5.00
	\$5.00
Contributor address; City; State; Zip Code	1
Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stark, Sharon	\$5.00
Contributor address; City; State; Zip Code	ψ0.00
Contributor address, City, State, Zip Code	
Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
07/30/2023 Stewart, Ann Margurite	\$2.50
Contributor address; City; State; Zip Code	
Stephenville, TX 76401	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Business Systems Specialist Saint-Gobain	
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Stewart, Ann Margurite Stewart, Ann Margurite Amount of Contribution (\$)	\$2.50
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$2.50
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Stewart, Ann Margurite Stewart, Ann Margurite Amount of Contribution (\$)	\$2.50
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Stewart, Ann Margurite Contributor address; City; State; Zip Code Identified to the state of	\$2.50
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Stewart, Ann Margurite Contributor address; City; State; Zip Code Amount of Contribution (\$) Stephenville, TX 76401 Stephenville, TX 76401 Example 1 Example 2	\$2.50
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Stewart, Ann Margurite Contributor address; City; State; Zip Code Amount of Contribution (\$) Stephenville, TX 76401 Stephenville, TX 76401 Employer (See Instructions)	\$2.50
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2023 Stewart, Ann Margurite Contributor address; City; State; Zip Code Amount of Contribution (\$) Stephenville, TX 76401 Stephenville, TX 76401 Employer (See Instructions)	\$2.50

Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:	P. FILER NAME				
Every State Blue - Texas 00087094 4 Date 09/30/2023 5 Full name of contributor out-of-state PAC (ID#:) Stewart, Ann Margurite 7 Amount of Contribution (\$) Stephenville, TX 76401 2 Stephenville, TX 76401 8 Principal occupation / Job title (See Instructions) Business Systems Specialist 9 Employer (See Instructions) Saint-Gobain Amount of Contribution (\$) Stewart, Ann Margurite Contributor address; City, State; Zip Code Amount of Contribution (\$) Stewart, Ann Margurite \$2.5 Date 10/30/2023 Full name of contributor out-of-state PAC (ID#:) Stewart, Ann Margurite Amount of Contribution (\$) Stephenville, TX 76401 Amount of Contribution (\$) Stephenville, TX 76401 \$2.5 Principal occupation / Job title (See Instructions) Business Systems Specialist Employer (See Instructions) Business Systems Specialist Amount of Contribution (\$) Stephenville, TX 76401 \$3.15 Date 12/18/2023 Full name of contributor out-of-state PAC (ID#:) Artington, TX 76017 Amount of Contribution (\$) Stoker, Tana \$1.5 Date 12/18/2023 Full name of contributor out-of-state PAC (ID#:) Artington, TX 76017 Amount of Contributions; Retired fibrarian Amount of Contribution (\$) Stoker, Tana \$1.5 Date 12/18/2023 Full name of contributor out-of-state PAC (ID#:		ion Guide explains how to complete this f	iorm.		
Every State Bue - Texas 00087094 4 Date \$ Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 9/30/2023 \$ Econtributor address; City; State; Zip Code \$ Employer (See Instructions) \$ Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Business Systems Specialist \$ Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2023 Stephenville, TX 76401 Amount of Contribution (\$) \$2.5 9 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Every State Bl			3 Filer ID (Ethics Commission F	ilers)
09/30/2023 Stewart, Ann Margurite \$2.5 6 Contributor address; City, State; Zip Code \$2.5 8 Principal occupation / Job title (See Instructions) Business Systems Specialist 9 Employer (See Instructions) Saint-Gobain Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Stephenville, TX 76401 Stephenville, TX 76401 \$2.5 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Stephenville, TX 76401 Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 12/18/2023 Stoker, Tana Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Business Systems Specialist Employer (See Instructions) Saint-Gobain Amount of Contribution (\$) 12/18/2023 Stoker, Tana Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired librarian Employer (See Instructions) Retired from FWISD Amount of Contribution (\$) Date Full name of contributor		lue - Texas			
6 Contributor address; City; State; Zip Code 3 Principal occupation / Job title (See Instructions) Business Systems Specialist 9 Employer (See Instructions) Saint-Gobain Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 10/30/2023 Stewart, Ann Margurite Amount of Contribution (\$) 20/30/2023 Stewart, Ann Margurite Amount of Contribution (\$) 20/30/2023 Stewart, Ann Margurite	Date 5	Full name of contributor out-of-state PAC (ID#:) 7	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 3 Principal occupation / Job title (See Instructions) Business Systems Specialist 9 Employer (See Instructions) Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2023 Stewart, Ann Margurite \$2.5 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Business Systems Specialist Employer (See Instructions) Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana Contributor address; City; State; Zip Code Amount of Contribution (\$) 12/18/2023 Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Employer (See Instructions) 12/18/2023 Stoker, Tana Contributor address; City; State; Zip Code Arlington, TX 76017 Employer (See Instructions) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Retired librarian Contributor	09/30/2023				\$2.50
Stephenville, TX 76401 Image: Stephenville, TX 76401 8 Principal occupation / Job title (See Instructions) Business Systems Specialist Image: Specialist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2023 Stewart, Ann Margurite Contributor address; City; State; Zip Code Amount of Contributor (\$) Contributor address; City; State; Zip Code Stephenville, TX 76401 Employer (See Instructions) Saint-Gobain Principal occupation / Job title (See Instructions) Business Systems Specialist Employer (See Instructions) Saint-Gobain Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.5 12/18/2023 Stoker, Tana Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1.5 Principal occupation / Job title (See Instructions) Retired librarian Employer (See Instructions) Retired from FWISD Amount of Contribution (\$) \$1.5 Date Full name of contributor out-of-state PAC (ID#:	6				
8 Principal occupation / Job title (See Instructions) Business Systems Specialist 9 Employer (See Instructions) Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2023 Stewart, Ann Margurite \$2.5 Contributor address; City; State; Zip Code Stephenville, TX 76401 Employer (See Instructions) Saint-Gobain Principal occupation / Job title (See Instructions) Business Systems Specialist Employer (See Instructions) Saint-Gobain Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stoker, Tana Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired librarian Employer (See Instructions) Retired from FWISD Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amo					
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2023 Stewart, Ann Margurite \$2.5 Contributor address; City; State; Zip Code Stephenville, TX 76401 \$2.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Saint-Gobain Business Systems Specialist Saint-Gobain Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/18/2023 Stoker, Tana Amount of Contribution (\$) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 12/18/2023 Stoker, Tana Amount of Contribution (\$) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Retired librarian Contributor out-of-state PAC (ID#: Amount of Contribution (\$) Pate Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/18/2023 <td></td> <td>Stephenville, TX 76401</td> <td></td> <td></td> <td></td>		Stephenville, TX 76401			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2023 Stewart, Ann Margurite \$2.5 Contributor address; City; State; Zip Code \$2.5 Stephenville, TX 76401 Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.5 Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Employer (See Instructions) Retired librarian Employer (See Instructions) Date Full name of contributor 12/18/2023 Stoker, Tana Date Full name of contributor Image: Date Full name of contributor out-of-state PAC (ID#:	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instructions)		
10/30/2023 Stewart, Ann Margurite \$2.5 Contributor address; City; State; Zip Code \$2.5 Stephenville, TX 76401 Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.5 Contributor address; City; State; Zip Code Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Retired librarian Retired from FWISD Amount of Contribution (\$) \$5.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.0 12/18/2023 Stoker, Tana \$5.0	Business Syst	ems Specialist	Saint-Gobain		
10/30/2023 Stewart, Ann Margurite \$2.5 Contributor address; City; State; Zip Code \$2.5 Stephenville, TX 76401 Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.5 Contributor address; City; State; Zip Code Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Retired librarian Retired from FWISD Amount of Contribution (\$) \$5.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$5.0 12/18/2023 Stoker, Tana \$5.0	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Stephenville, TX 76401 Principal occupation / Job title (See Instructions) Business Systems Specialist Date Full name of contributor 12/18/2023 Stoker, Tana Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Retired librarian Date Full name of contributor out-of-state PAC (ID#:) Arlington, TX 76017 Principal occupation / Job title (See Instructions) Retired librarian Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Atmount of Contribution (\$) \$5.0	10/30/2023				\$2.50
Stephenville, TX 76401 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana Amount of Contribution (\$) Contributor address; City; State; Zip Code \$1.5 Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana Stoker, Tana		-			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana \$1.5 Contributor address; City; State; Zip Code Arlington, TX 76017 \$1.5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.5 Retired librarian Employer (See Instructions) Employer (See Instructions) \$1.5 Date Full name of contributor out-of-state PAC (ID#:		······································			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$1.5 Contributor address; City; State; Zip Code \$1.5 Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Employer (See Instructions) Date Full name of contributor 12/18/2023 Stoker, Tana Stoker, Tana \$5.0					
Business Systems Specialist Saint-Gobain Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana Amount of Contribution (\$) Contributor address; City; State; Zip Code Antington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana \$5.0		Stephenville, TX 76401			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$1.5 Contributor address; City; State; Zip Code \$1.5 Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian out-of-state PAC (ID#:) Date Full name of contributor 12/18/2023 Stoker, Tana	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
12/18/2023 Stoker, Tana \$1.5 Contributor address; City; State; Zip Code \$1.5 Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana \$5.0	Business Syst	ems Specialist	Saint-Gobain		
12/18/2023 Stoker, Tana \$1.5 Contributor address; City; State; Zip Code \$1.5 Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana \$5.0	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Retired librarian Date Full name of contributor 12/18/2023 Stoker, Tana Stoker, Tana	12/18/2023	—			\$1.50
Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$5.0		······································			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stoker, Tana \$5.0					
Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$5.0		Arlington, TX 76017			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/18/2023 Stoker, Tana \$5.0	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
12/18/2023 Stoker, Tana \$5.0	Retired libraria	an	Retired from FWISD		
	Data	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	Dale				\$5.00
		Contributor address, City, State, Zip Code			
		Contributor address, City, State, Zip Code			
		Contributor address, City, State, Zip Code			
Arlington, TX 76017					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions)	Employer (See Instructions)		
	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions) an	Retired from FWISD	Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan \$1.0	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan \$1.0	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan \$1.0	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan Contributor address; City; State; Zip Code	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan Contributor address; City; State; Zip Code Amount of Contribution (\$)	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan Contributor address; City; State; Zip Code Austin, TX 78701	Retired from FWISD	Amount of Contribution (\$)	\$1.00
		Stoker, Tana			
		Contributor address, City, State, Zip Code			
Arlington, TX 76017					
	12/18/2023	Arlington, TX 76017	Employer (See Instructions)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions)			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions) an	Retired from FWISD	Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2023 Sutton, Susan \$1.0	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan \$1.0	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan Contributor address; City; State; Zip Code Amount of Contribution (\$)	12/18/2023 Principal occupa Retired libraria Date	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan Contributor address; City; State; Zip Code	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan Contributor address; City; State; Zip Code Austin, TX 78701	12/18/2023	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan Contributor address; City; State; Zip Code Austin, TX 78701	Retired from FWISD	Amount of Contribution (\$)	\$1.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired librarian Retired from FWISD Date Full name of contributor out-of-state PAC (ID#:) 07/10/2023 Sutton, Susan Contributor address; City; State; Zip Code Austin, TX 78701	12/18/2023 Principal occupa Retired libraria Date 07/10/2023	Arlington, TX 76017 ation / Job title (See Instructions) an Full name of contributor out-of-state PAC (ID#:_ Sutton, Susan Contributor address; City; State; Zip Code Austin, TX 78701	Retired from FWISD	Amount of Contribution (\$)	\$1.00

				1 Total pages Schedule A1:
The Instru	ction Guide explains how	to complete this to	orm.	Sch: 242/290 Rpt: 245/303
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas			00087094
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/10/2023	Sutton, Susan			\$1.00
	6 Contributor address; City; Sta			
	Austin, TX 78701			
8 Principal occu	upation / Job title (See Instructions))	9 Employer (See Instructions	5)
Retired	• • • •		Retired	,
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/10/2023	Sutton, Susan			\$1.00
	Contributor address; City; Sta			•
	Austin, TX 78701			
Principal occu Retired	upation / Job title (See Instructions))	Employer (See Instructions Retired	5)
Date 10/10/2023	Full name of contributor Sutton, Susan	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1.00
10/10/2020	Contributor address; City; Sta	ate: Zin Code		ψ1.00
		ale, zip code		
	Austin, TX 78701			
	upation / Job title (See Instructions))	Employer (See Instructions	5)
Retired			Retired	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/10/2023	Sutton, Susan			\$1.00
	Contributor address; City; Sta	ate; Zip Code		
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions))	Employer (See Instructions	5)
Retired			Retired	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/10/2023	Sutton, Susan			\$1.00
	Contributor address; City; Sta	ate; Zip Code]
	Austin, TX 78701			
Principal occl	upation / Job title (See Instructions))	Employer (See Instructions	5)
Retired	, paneti ,	, 	Retired	-,

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 243/290 Rpt: 246/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/10/2023	Sutton, Susan		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/10/2023	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/10/2023	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/10/2023	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/10/2023	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	

_						
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 244/290 Rpt: 247/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State I	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (IE)	7	Amount of Contribution (\$)	
	12/10/2023	Sutton, Susan				\$5.00
	ł	6 Contributor address; City; State; Zip Code		1		
Ļ		Austin, TX 78701	<u> </u>	ļ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	07/02/2023					\$1.50
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Dripping Springs, TX 78620				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	VP, National		Cigna Healthcare	5)		
╞				T	Amount of Contribution (\$)	
	Date 08/02/2023	Full name of contributor out-of-state PAC (IE Swan, Sharon)#:)		Amount of Contribution (\$)	\$1.50
	00/02/2023					Φ1.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	1	Dripping Springs, TX 78620				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP, National	Accounts	Cigna Healthcare			
F	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	07/02/2023	Swan, Sharon				\$5.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Dripping Springs, TX 78620				
	-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP, National		Cigna Healthcare	-		
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	08/02/2023	Swan, Sharon				\$5.00
		Contributor address; City; State; Zip Code				
	ļ					
		Dripping Springs, TX 78620				
┝	Dringing occu		Employor (See Instructions			
	VP, National	ipation / Job title (See Instructions)	Employer (See Instructions Cigna Healthcare	5)		
┝			Gigila Floataloaro			

				_		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 245/290 Rpt: 248/303	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/11/2023	Tesch, Steve				\$1.50
	I	6 Contributor address; City; State; Zip Code	,			
		College Station, TX 77845				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Manager, Ap	pplication Development	Reynolds and Reynolds	i		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/11/2023	Tesch, Steve				\$1.50
	I	Contributor address; City; State; Zip Code		1		
		College Station, TX 77845				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Manager, Ap	pplication Development	Reynolds and Reynolds	;		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/11/2023	Tesch, Steve				\$5.00
	I	Contributor address; City; State; Zip Code		1		
L		College Station, TX 77845				
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Manager, Ap	pplication Development	Reynolds and Reynolds			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2023	Tesch, Steve				\$5.00
	I	Contributor address; City; State; Zip Code				
		College Station TV 7794E				
┡	Drinsipal agai	College Station, TX 77845	Everlavier (Coo Instructions			
		upation / Job title (See Instructions) pplication Development	Employer (See Instructions Reynolds and Reynolds			
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷40 50
	07/11/2023	Thompson, Ramona				\$12.50
		Contributor address; City; State; Zip Code				
		Friend TV 75026				
┡	Drizoinal agai	Frisco, TX 75036	Employer (Cool Instructions			
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	;)		
\vdash	Teureu		leureu			

			1
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 246/290 Rpt: 249/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/11/2023	Thompson, Ramona		\$12.50
	6 Contributor address; City; State; Zip Code		1
	Frisco, TX 75036		
8 Principal occur retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	<i>i</i>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/11/2023	Thompson, Ramona		\$12.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	''
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	Thompson, Ramona	/	\$12.50
10/12/2022	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	š)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/11/2023	Thompson, Ramona		\$12.50
	Contributor address; City; State; Zip Code		
Drizzinal again	Frisco, TX 75036	Employer (Coo Instructions	
retired	pation / Job title (See Instructions)	Employer (See Instructions retired	;)
Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$12.50
12/11/2023	Thompson, Ramona		φ12.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
retired		retired	

			1
The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 247/290 Rpt: 250/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#	£)	7 Amount of Contribution (\$)
07/28/2023	Turner, Janice		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Aubrou TV 76227		
Principal occu	Aubrey, TX 76227 upation / Job title (See Instructions)	9 Employer (See Instructions	c)
Retired		Retired	<i>>)</i>
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
08/28/2023	Full name of contributor out-of-state PAC (ID#) Turner, Janice	<i>‡</i> :)	Amount of Contribution (\$) \$5.00
0012012025			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Aubrey, TX 76227		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
09/28/2023	Turner, Janice		\$5.00
	Contributor address; City; State; Zip Code		1
	Aubrey, TX 76227		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
10/28/2023	Turner, Janice		\$5.00
	Contributor address; City; State; Zip Code		1
L	Aubrey, TX 76227		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired	<u> </u>	Retired	
Date	Full name of contributor Out-of-state PAC (ID#))	Amount of Contribution (\$)
11/28/2023	· · · · · · · · · · · · · · · · · · ·		\$5.00
	Contributor address; City; State; Zip Code		
1			
1	Aubrey, TX 76227		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Retired	\$)
Reureu			
4			

\mathbf{E}				
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 248/290 Rpt: 251/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:	······································	7 Amount of Contribution (\$)
	07/30/2023	Valenzuela, Angela		\$3.0
	ł	6 Contributor address; City; State; Zip Code		
	1			
	ł			
	1	Austin, TX 78704		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Professor		University of Texas at A	ustin
	Date	Full name of contributor out-of-state PAC (ID#:	t:)	Amount of Contribution (\$)
	08/30/2023	Valenzuela, Angela		\$3.0
	!			
	ł			
	ł			
	1	Austin, TX 78704		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Professor		University of Texas at A	Austin
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/30/2023	Valenzuela, Angela		\$3.0
	1	Contributor address; City; State; Zip Code		•
	1			
	ł			
		Austin, TX 78704		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Professor		University of Texas at A	lustin
Γ	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
	07/30/2023	Valenzuela, Angela		\$10.0
	,	Contributor address; City; State; Zip Code	,	
l	ł			
	ļ			
		Austin, TX 78704		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
l	Professor		University of Texas at A	Austin
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/30/2023	Valenzuela, Angela		\$10.0
	1	Contributor address; City; State; Zip Code		
	ł			
	1			
		Austin, TX 78704		
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Professor		University of Texas at A	Austin
			-	
1				

				_		
	The Instru	ction Guide explains how to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 249/290 Rpt: 252/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/30/2023	Valenzuela, Angela				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78704				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Professor		University of Texas at A	Austi	n	
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	07/30/2023	VanDenberg, Audrey				\$1.00
		Contributor address; City; State; Zip Code		1		
		Lancaster, CA 93534				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/30/2023	VanDenberg, Audrey				\$1.00
		Contributor address; City; State; Zip Code		1		
		Lancaster, CA 93534	1			
		<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	s)		
	retired		retired	•		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/30/2023	VanDenberg, Audrey				\$1.00
		Contributor address; City; State; Zip Code				
		Lopostor CA 02524				
┝		Lancaster, CA 93534	Employer (See Instructions	<u> </u>		
	retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	S)		
╘				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1.00
	10/30/2023	VanDenberg, Audrey				\$1.00
		Contributor address; City; State; Zip Code				
		Lancaster, CA 93534				
┡	Drincinal occu		Employor (See Instructions	<u> </u>		
	retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	S)		
\vdash	Teureu					
1						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 250/290 Rpt: 253/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/30/2023	VanDenberg, Audrey		\$1.00
	6 Contributor address; City; State; Zip Code		
	Laposter CA 02524		
Principal occu	Lancaster, CA 93534 upation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired		retired	<i>.</i> ,
Date	Full name of contributorout-of-state PAC (ID#:		Amount of Contribution (\$)
12/30/2023	Full name of contributor out-of-state PAC (ID#: VanDenberg, Audrey)	Amount of Contribution (\$) \$1.00
12/30/2023			φ±.00
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/08/2023	VanDenberg, Audrey		\$5.00
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	VanDenberg, Audrey		\$0.50
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired	, parent , oos allo (oos instructure,	retired	<i>y</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/08/2023	VanDenberg, Audrey	/	\$5.00
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this	form.	Sch: 251/290 Rpt: 254/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
08/30/2023	VanDenberg, Audrey		\$0.50
	6 Contributor address; City; State; Zip Code		1
1. Direital assi	Lancaster, CA 93534		
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	\$)
			1
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
09/08/2023	VanDenberg, Audrey		\$5.00
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	"
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
09/30/2023	VanDenberg, Audrey	·/	\$0.50
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/08/2023	VanDenberg, Audrey		\$5.00
	Contributor address; City; State; Zip Code		1
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	»)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
10/30/2023	Full name of contributor out-of-state PAC (ID#: VanDenberg, Audrey	:)	\$0.50
10/00/2020	Contributor address; City; State; Zip Code		
	Communication address, Gity, State, Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
		, 1	

			1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 252/290 Rpt: 255/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/08/2023	VanDenberg, Audrey		\$5.00
	6 Contributor address; City; State; Zip Code		1
a at instance	Lancaster, CA 93534		Į
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions) retired	3)
			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	VanDenberg, Audrey		\$0.50
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
12/08/2023	Full name of contributor out-of-state PAC (ID#: VanDenberg, Audrey	/	Amount of Contribution (\$) \$5.00
1410012020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Lancaster, CA 93534		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/30/2023	VanDenberg, Audrey		\$0.50
	Contributor address; City; State; Zip Code		1
D i visal accu	Lancaster, CA 93534		Į
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	\$)
			
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
07/02/2023	Vidouria, Christine		\$3.75
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Physician		Self	<i>''</i>
,			

MONETARY POLITICAL CONTRIBUTIONS Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 253/290 Rpt: 256/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 08/02/2023 Vidouria, Christine 6 Contributor address; City; State; Zip Code San Antonio, TX 78230 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Physician Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/02/2023 Vidouria, Christine Contributor address; City; State; Zip Code San Antonio, TX 78230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/02/2023 Vidouria, Christine Contributor address; City; State; Zip Code San Antonio, TX 78230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2023 Vidouria, Christine Contributor address; City; State; Zip Code San Antonio, TX 78230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 12/02/2023 Vidouria, Christine Contributor address; City; State; Zip Code

	San Antonio, TX 78230		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician		Self	

SCHEDULE A1

\$3.75

\$3.75

\$3.75

\$3.75

\$3.75

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 254/290 Rpt: 257/303	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	Every State I	Blue - Texas			00087094	
4	Date 07/02/2023	5 Full name of contributorout-of-state PAC (ID#: Vidouria, Christine)	7	Amount of Contribution (\$)	\$12.50
	01102/2020	6 Contributor address; City; State; Zip Code				\$12.00
		San Antonio, TX 78230				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/02/2023	Vidouria, Christine				\$12.50
	ļ	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	San Antonio, TX 78230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Self			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/02/2023	Vidouria, Christine				\$12.50
		Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	San Antonio, TX 78230				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Self			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/02/2023	Vidouria, Christine	/			\$12.50
	10/02/2020	Contributor address; City; State; Zip Code				Ψ12.00
	ļ	Contributor address, City, State, Zip Code				
	ļ					
	ļ	San Antonio, TX 78230				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Physician		Self	<i>c</i> ,		
╞				Т	Amount of Contribution (\$)	
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: Vidouria, Christine)		Amount of Contribution (\$)	\$12.50
	11/02/2023					Φ12.00
	ļ	Contributor address; City; State; Zip Code				
		San Antonio, TX 78230				
┝	Duin air al a an					
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician		Self			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 255/290 Rpt: 258/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/02/2023 Vidouria, Christine \$12.50 6 Contributor address; City; State; Zip Code San Antonio, TX 78230 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Physician Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2023 Vunderink, Gregg \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/30/2023 Vunderink, Gregg \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2023 Vunderink, Gregg \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2023 Vunderink, Gregg \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 256/290 Rpt: 259/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#	<u>; </u>	7 Amount of Contribution (\$)
11/30/2023	Vunderink, Gregg		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78704		
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		3)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
12/30/2023	Vunderink, Gregg		\$1.50
	Contributor address; City; State; Zip Code]
	Austin, TX 78704		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
N/A		N/A	<u></u>
Date	Full name of contributor out-of-state PAC (ID#	<u>:</u>)	Amount of Contribution (\$)
07/30/2023	Vunderink, Gregg		\$5.00
	Contributor address; City; State; Zip Code]
	Auctin TV 70704		
Dringing occu	Austin, TX 78704	Employer (See Instructions	~\
N/A	ipation / Job title (See Instructions)	N/A	\$)
Date	Full name of contributor out-of-state PAC (ID#	¢:)	Amount of Contribution (\$)
08/30/2023	Vunderink, Gregg		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
N/A		N/A	<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
09/30/2023	Vunderink, Gregg	·/	\$5.00
00,00,2020	Contributor address; City; State; Zip Code		+
	Continuation dualess, City, State, Lip Code		
	Austin, TX 78704		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)
N/A		N/A	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 257/290 Rpt: 260/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/30/2023	Vunderink, Gregg		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78704		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Vunderink, Gregg		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78704	-	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2023	Vunderink, Gregg		\$5.00
	Contributor address; City; State; Zip Code		
Dringingloogu	Austin, TX 78704		-
Principal occu N/A	upation / Job title (See Instructions)	Employer (See Instructions N/A	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2023	Waddell, Chris		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
human resou		N/A	<i>י</i> י
			Amount of Contribution (\$)
Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: Waddell, Chris)	Amount of Contribution (\$) \$1.50
00/30/2023			
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
human resou		N/A	· /

			/
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 258/290 Rpt: 261/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/30/2023	Waddell, Chris		\$1.50
	6 Contributor address; City; State; Zip Code		1
0 Dringing oogu	Frisco, TX 75036	Content (See Instruction	
8 Principal occu human resol	upation / Job title (See Instructions)	9 Employer (See Instructions N/A	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	10/30/2023 Waddell, Chris Contributor address; City; State; Zip Code		\$1.50
	Frisco, TX 75036		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
human resou		N/A	
Date	Date Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
11/30/2023	Waddell, Chris		\$1.50
	Contributor address; City; State; Zip Code		1
	Frisco, TX 75036		
	Ipation / Job title (See Instructions)	Employer (See Instructions	3)
human resou		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2023	Waddell, Chris		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1s)
human resou		N/A	
Date	Full name of contributor out-of-state PAC (ID#:_	, ,	Amount of Contribution (\$)
07/30/2023	Waddell, Chris		\$5.00
	Contributor address; City; State; Zip Code		1
	Frisco, TX 75036		
-	Ipation / Job title (See Instructions)	Employer (See Instructions	5)
human resou	Jrces	N/A	

			1
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 259/290 Rpt: 262/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/30/2023	Waddell, Chris		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Frisco, TX 75036		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
human resou	Jrces	N/A	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/30/2023	Waddell, Chris		\$5.00
	Contributor address; City; State; Zip Code		1
	Frisco, TX 75036		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
numan resou	human resources N/A		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Waddell, Chris		\$5.00
	Contributor address; City; State; Zip Code]
	E-inco TV 75026		
Dringingloggy	Frisco, TX 75036		
Principal occu human resou	Ipation / Job title (See Instructions)	Employer (See Instructions N/A	5)
			1
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
11/30/2023	Waddell, Chris		\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
human resou		N/A	3)
			Amount of Contribution (\$)
Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: Waddell, Chris)	Amount of Contribution (\$) \$5.00
12/30/2023			
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
human resou		N/A	~
_			

L				
	The Instru	ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 260/290 Rpt: 263/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
	07/08/2023	Watson, Alice		\$1.00
	1	6 Contributor address; City; State; Zip Code		1
	I			
	l			
Ļ		Alameda, CA 94501	1	
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Analysts		Internet Brands	
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	08/08/2023			\$1.00
	I	Contributor address; City; State; Zip Code		
	I			
	l	Alameda, CA 94501		
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Analysts	palor, cos ale (cos,	Internet Brands	-,
⊨	Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
	09/08/2023	Watson, Alice	/+/	\$1.00
	00,00,			
	I			
	l			
		Alameda, CA 94501		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Analysts		Internet Brands	
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	10/08/2023	Watson, Alice		\$1.00
	I	Contributor address; City; State; Zip Code		1
	l			
	I			
┝	Dringinal agou	Alameda, CA 94501	Employer (Soo Instructions	
	Analysts	pation / Job title (See Instructions)	Employer (See Instructions Internet Brands	5)
╘	_			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$) \$1.00
	11/08/2023	Watson, Alice		φ1.00
	I	Contributor address; City; State; Zip Code		
	I			
	I	Alameda, CA 94501		
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)
	Analysts		Internet Brands	,
⊢				

_							
	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 261/290 Rpt: 264/303	
2	FILER NAME				3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas				00087094	,
4	Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/08/2023	Watson, Alice					\$1.50
		6 Contributor address; City; State; Zip Co	ode				
Ļ	Dringing occ	Alameda, CA 94501	ı	Employer (See Instructions			
°	Analysts	pation / Job title (See Instructions)		9 Employer (See Instructions Internet Brands)		
╞	-				_	Amount of Contribution (#)	
	Date 08/08/2023	Full name of contributor out-of-s Watson, Alice	-state PAC (ID#:)		Amount of Contribution (\$)	\$1.50
						ΦT.20	
		Contributor address; City; State; Zip Co	ode				
		Alameda, CA 94501					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	Analysts	•		Internet Brands			
╞	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	09/08/2023	Watson, Alice					\$1.50
		Contributor address; City; State; Zip Co	ode				
		Alameda, CA 94501	,				
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Analysts			Internet Brands	_		
	Date		state PAC (ID#:)		Amount of Contribution (\$)	
	10/08/2023	Watson, Alice					\$1.50
		Contributor address; City; State; Zip Co	ode				
		Alameda, CA 94501					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ل ۱		
	Analysts	, , , , , , , , , , , , , , , , , , ,		Internet Brands	,		
╞	Date	Full name of contributor	-state PAC (ID#:)		Amount of Contribution (\$)	
	11/08/2023	Watson, Alice		/		Allount of Contribution (+)	\$1.50
		Contributor address; City; State; Zip Co	ode				Ŧ
		Alameda, CA 94501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Analysts			Internet Brands			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 262/290 Rpt: 265/303	_
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/30/2023	Weber, Angela				\$5.00
		6 Contributor address; City; State; Zip Code				
Ļ		Dallas, TX 75230	<u> </u>			
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Practice Mar		David E. Weber, O.D., F	P.C		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	·
	08/30/2023	08/30/2023 Weber, Angela				\$5.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Practice Mar		David E. Weber, O.D., F		•	
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	09/30/2023	Weber, Angela				\$5.00
		Contributor address; City; State; Zip Code		·		
		Dallas, TX 75230				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Practice Mar	nager	David E. Weber, O.D., F	P.C		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/30/2023	Weber, Angela				\$5.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Practice Mar		David E. Weber, O.D., F			
⊢				T		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Weber, Angela)		Amount of Contribution (\$)	\$5.00
	11/00/2020	Contributor address; City; State; Zip Code				ψ0.00
		Culturbulur auuress, City, State, Lip Code				
		Dallas, TX 75230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Practice Mar	nager	David E. Weber, O.D., F	P.C	•	

_						
	The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 263/290 Rpt: 266/303	
2	2 FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/30/2023	Weber, Angela				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75230				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Practice Mar	nager	David E. Weber, O.D., P	⁻ .C.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/18/2023	White, Lance				\$1.00
		Contributor address; City; State; Zip Code		1		
		Copperas Cove, TX 76522	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	12/18/2023	White, Lance				\$2.50
		Contributor address; City; State; Zip Code]		
		Coppore Covo TV 76522				
\vdash	Dringing ogg	Copperas Cove, TX 76522		<u> </u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 F0
	07/09/2023	Williams, Genevieve				\$1.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77084				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Retired		Retired	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	08/09/2023	Williams, Genevieve	/		Allount of Contribution (*)	\$1.50
	00,00,	Contributor address; City; State; Zip Code		\mathbf{I}		T- ···
		Houston, TX 77084				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊢			1			

L						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 264/290 Rpt: 267/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2023	Williams, Genevieve				\$1.50
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77084				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/09/2023	Williams, Genevieve				\$1.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77084				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/09/2023	Williams, Genevieve				\$1.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77084	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2023	Williams, Genevieve				\$1.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77084				
┝	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
	Retired		Retired	5)		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	ቀር በበ
	07/09/2023	Williams, Genevieve				\$5.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77084				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
	Retired		Retired	5)		
\vdash			Trearea			

			1
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 265/290 Rpt: 268/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/09/2023	Williams, Genevieve		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Houston, TX 77084		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/09/2023	Williams, Genevieve		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/09/2023	Williams, Genevieve		\$5.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77084		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Retired	>)
Date 11/09/2023	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$) \$5.00
11/09/2023	Williams, Genevieve		φυ.υυ
	Contributor address; City; State; Zip Code		
	Houston, TX 77084		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/09/2023	Williams, Genevieve	/	\$5.00
	Contributor address; City; State; Zip Code		•
	Houston, TX 77084		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Retired		Retired	
		<u> </u>	

	The Instru	ction Guide explains how to complete this f	orm.		pages Schedule A1: 266/290 Rpt: 269/303	
2	FILER NAME			3 Filer I	ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			37094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amou	unt of Contribution (\$)	
	07/10/2023	Williams, Sherry				\$1.00
		6 Contributor address; City; State; Zip Code				
		Bay City, TX 77414	-			
		ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Real Estate		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	08/10/2023	Williams, Sherry				\$1.00
		Contributor address; City; State; Zip Code				
		Bay City, TX 77414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۱		
	Real Estate		Self)		
				Amou	ent of Contribution (\$)	
	Date 09/10/2023	Full name of contributor out-of-state PAC (ID#: Williams, Sherry)	Amou	unt of Contribution (\$)	\$1.00
	0911012020	Contributor address; City; State; Zip Code				Ψ Τ .ΟC
		Continuation address, City, State, Lip Code				
		Bay City, TX 77414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Real Estate	Broker	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	10/10/2023	Williams, Sherry				\$1.00
		Contributor address; City; State; Zip Code				
		Bay City, TX 77414				
	Principal occu Real Estate I	ipation / Job title (See Instructions)	Employer (See Instructions)		
			Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	\$1.00
	11/10/2023	Williams, Sherry				\$1.00
		Contributor address; City; State; Zip Code				
		Bay City, TX 77414				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Real Estate		Self)		
4						

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 267/290 Rpt: 270/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/07/2023			\$2.50
	6 Contributor address; City; State; Zip Code		1
	Bay City, TX 77414		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Real Estate		Self	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/10/2023			\$5.00
	Contributor address; City; State; Zip Code		
	Bay City, TX 77414		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Real Estate		Self	<i>.</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
08/07/2023			\$2.50
			· · ·
	Bay City, TX 77414		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Real Estate	Agent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/10/2023	Williams, Sherry		\$5.00
	Contributor address; City; State; Zip Code]
	Bay City, TX 77414		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Real Estate		Self	<i>)</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
09/07/2023			\$2.50
	Contributor address; City; State; Zip Code		· ·
	Bay City, TX 77414		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Real Estate	Agent	Self	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 268/290 Rpt: 271/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State E	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/10/2023	Williams, Sherry		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Bay City, TX 77414		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Real Estate E	3roker	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/10/2023	Williams, Sherry		\$5.00
	Contributor address; City; State; Zip Code		1
	Bay City, TX 77414		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Real Estate E	3roker	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/10/2023	Williams, Sherry		\$5.00
	Contributor address; City; State; Zip Code		1
	Bay City, TX 77414	-	
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Real Estate E	3roker	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/28/2023	Williams, Sherry		\$2.50
	Contributor address; City; State; Zip Code]
	Day Other TV 77414		
Dringing occur	Bay City, TX 77414	Employer (See Instructions	
Principal occup Real estate a	pation / Job title (See Instructions)	Employer (See Instructions Self	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/28/2023	Williams, Sherry		\$2.50
	Contributor address; City; State; Zip Code		
	Dov Oth TV 77414		
Dringing oggu	Bay City, TX 77414		-
Principal occup Real estate a	pation / Job title (See Instructions)	Employer (See Instructions Self	3)
Redi estate a		Sell	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 269/290 Rpt: 272/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/17/2023	Willmington, Barry		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76112	•	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
none		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/17/2023	Willmington, Barry		\$1.50
	Contributor address; City; State; Zip Code]
	Fat Math TV 76110		
Drizzinal agai	Fort Worth, TX 76112		-
	upation / Job title (See Instructions)	Employer (See Instructions retired	3)
none			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/17/2023			\$1.50
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
none		retired	<i>'</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
10/17/2023	Willmington, Barry	/	\$1.50
10/11/2020	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	Fort Worth, TX 76112		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
none		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/17/2023	Willmington, Barry		\$1.50
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76112		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
none		retired	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 270/290 Rpt: 273/303
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/17/2023	Willmington, Barry		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76112	1	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)
none		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/17/2023	Willmington, Barry		\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	>\
none		retired	>)
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Willmington, Barry)	Amount of Contribution (\$) \$5.00
00/11/2025			ψ5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
none		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/17/2023	Willmington, Barry		\$5.00
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76112		
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
none		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2023	Willmington, Barry		\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
none		retired	"
1			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 271/290 Rpt: 274/303	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/17/2023	Willmington, Barry				\$5.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Fort Worth, TX 76112	1	Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	none		retired	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/17/2023	Willmington, Barry				\$5.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76112				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
	none		retired	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	07/21/2023	Wilson, Rusty	J		Allount of Contribution (\$)	\$1.50
	0112212022					# 1.00
		Washington, DC 20001				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business pro	ocess outsourcing	Practice Partners LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/21/2023	Wilson, Rusty				\$1.50
		Contributor address; City; State; Zip Code		1		
		Machineter DO 20001				
	Dringing occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		pation / Job lille (See Instructions)	Employer (See Instructions Practice Partners LLC	5)		
╘				1		
	Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: Wilson, Rusty)		Amount of Contribution (\$)	\$1.50
	09/21/2023	-				ΦΤ.ΟΟ
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		ocess outsourcing	Practice Partners LLC	-		
\vdash			<u> </u>			

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 272/290 Rpt: 275/303		
2	2 FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State Blue - Texas				00087094	ŗ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/21/2023	Wilson, Rusty				\$1.50
		6 Contributor address; City; State; Zip Code				
		Washington, DC 20001				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Business pro	ocess outsourcing	Practice Partners LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/21/2023	Wilson, Rusty				\$1.50
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business pro	ocess outsourcing	Practice Partners LLC	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/21/2023	Wilson, Rusty				\$1.50
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		peess outsourcing	Practice Partners LLC	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	07/21/2023	Wilson, Rusty)			\$5.00
	0172172020	Contributor address; City; State; Zip Code				<i>40.00</i>
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business pro	ocess outsourcing	Practice Partners LLC			
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/21/2023	Wilson, Rusty				\$5.00
		Contributor address; City; State; Zip Code				
L		Washington, DC 20001				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business pro	ocess outsourcing	Practice Partners LLC			
I I						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 273/290 Rpt: 276/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/21/2023	Wilson, Rusty		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Washington, DC 20001	<u>.</u>	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Business pro	ocess outsourcing	Practice Partners LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/21/2023	Wilson, Rusty		\$5.00
	Contributor address; City; State; Zip Code		1
	Washington, DC 20001	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Business pro	ocess outsourcing	Practice Partners LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/21/2023	Wilson, Rusty		\$5.00
	Contributor address; City; State; Zip Code		
	Westington DC 20001		
Dringing Loopu	Washington, DC 20001		<u> </u>
	ipation / Job title (See Instructions) ocess outsourcing	Employer (See Instructions Practice Partners LLC	5)
			· · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/21/2023	Wilson, Rusty		\$5.00
	Contributor address; City; State; Zip Code		
	Washington, DC 20001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	ocess outsourcing	Practice Partners LLC	5)
•			Amount of Contribution (#)
Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Wolf, Mary)	Amount of Contribution (\$) \$1.50
0113012023	Contributor address; City; State; Zip Code		φ±
	Contributor address, City, State, Zip Code		
	Muldoon, TX 78949		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		n/a	,

The	Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 274/290 Rpt: 277/303	
2 FILE	R NAME				3	Filer ID (Ethics Commission F	Filers)
Ever	ry State I	Blue - Texas				00087094	
4 Date		5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
08/3	0/2023	Wolf, Mary	-				\$1.50
		6 Contributor address; City; State; Zip Code					
		Muldoon, TX 78949					
		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
retire	ed			n/a			
Date		Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
09/3	0/2023	Wolf, Mary					\$1.50
		Contributor address; City; State; Zip Code					
- Data a		Muldoon, TX 78949			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
retire	ea			n/a			
Date			e PAC (ID#:)		Amount of Contribution (\$)	
10/3	0/2023						\$1.50
		Contributor address; City; State; Zip Code					
		Muldoon, TX 78949					
Princ	inal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> וו		
retire				n/a	<i>''</i>		
Date		Full name of contributor out-of-state	e PAC (ID#:)	Γ	Amount of Contribution (\$)	
	0/2023	Wolf, Mary	3 FAC (ID#				\$1.50
 , c	0,2020	Contributor address; City; State; Zip Code					¥2100
		Muldoon, TX 78949					
Princ	ipal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
retire	ed			n/a			
Date		Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
12/3	0/2023	Wolf, Mary	-				\$1.50
		Contributor address; City; State; Zip Code					
		Muldoon, TX 78949					
Princ	ipal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
retire	ed			n/a			

	The Instru	ction Guide explains how to complete thi	1	Total pages Schedule A1: Sch: 275/290 Rpt: 278/303		
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	07/30/2023	Wolf, Mary				\$5.00
	ļ	6 Contributor address; City; State; Zip Code		·		
	ļ					
		Muldoon, TX 78949				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	retired		n/a			
	Date	Full name of contributor out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	08/30/2023	Wolf, Mary				\$5.00
	1	Contributor address; City; State; Zip Code		"		
	ļ					
		Muldoon, TX 78949				
		pation / Job title (See Instructions)	Employer (See Instructions	is)		
	retired		n/a			
	Date	Full name of contributor out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	09/30/2023	Wolf, Mary				\$5.00
	1	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Muldoon, TX 78949				
		pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	retired		n/a			
	Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	Ţ	Amount of Contribution (\$)	
	10/30/2023	Wolf, Mary				\$5.00
	ļ	Contributor address; City; State; Zip Code		Ϊ		
	ļ					
	Drinsipal again	Muldoon, TX 78949	Eventsver (Cap Instruction			
	retired	ipation / Job title (See Instructions)	Employer (See Instructions n/a	iS)		
				—		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	*= 00
	11/30/2023	Wolf, Mary				\$5.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	Muldoon, TX 78949				
<u> </u>	Dringingl oog		Employer (See Instruction			
	retired	ipation / Job title (See Instructions)	Employer (See Instructions n/a	iS)		
	leuleu		11/d			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 276/290 Rpt: 279/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date 12/30/2023	5 Full name of contributor out-of-state PAC (ID#: Wolf, Mary)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code		
	Muldoon, TX 78949		
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/23/2023	Womach, Karyn		\$5.00
	Contributor address; City; State; Zip Code		
	San Deigo, CA 92115		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Consultant		Rgp	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/23/2023	Womach, Karyn		\$5.00
	Contributor address; City; State; Zip Code		
	San Deigo, CA 92115		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Consultant		Rgp	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/23/2023	Womach, Karyn		\$5.00
	Contributor address; City; State; Zip Code		
	San Deigo, CA 92115		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Consultant		Rgp	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/23/2023	Womach, Karyn		\$5.00
	Contributor address; City; State; Zip Code		
	San Deigo, CA 92115		
	pation / Job title (See Instructions)	Employer (See Instructions	
Consultant		Rgp	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 277/290 Rpt: 280/303	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/11/2023	Yagjian, Marc		\$1.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78730		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	۲ ۵)
retired		retired	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/11/2023	Yagjian, Marc	/	\$1.50
	Contributor address; City; State; Zip Code		
	CUltilibutor address, City, State, Lip Code		
	Austin, TX 78730		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired	,	retired	,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
09/11/2023	Full name of contributor out-of-state PAC (ID#: Yagjian, Marc	/	\$1.50
03/11/2020			Ψ1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
retired		retired	7
			Amount of Contribution (ft)
Date 10/11/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	Yagjian, Marc		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
Dringinal occu	apation / Job title (See Instructions)	Employer (See Instructions	
retired		retired	<i>i</i>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/11/2023	Yagjian, Marc		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 278/290 Rpt: 281/303	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/11/2023	Yagjian, Marc		\$1.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78730		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/11/2023	Yagjian, Marc		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/11/2023	Yagjian, Marc		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/11/2023	Yagjian, Marc		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	Yagjian, Marc		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70720		
	Austin, TX 78730		
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
retired		retired	

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 279/290 Rpt: 282/303		
2	FILER NAME			3	Filer ID (Ethics Commission Fi	lers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/11/2023	Yagjian, Marc				\$5.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
Ļ	Dringing occu	Austin, TX 78730	Complexer (See Instructions	<u> </u>		
ð	retired	ipation / Job title (See Instructions)	9 Employer (See Instructions retired	S)		
╞				Т	t f Opertuilsution (ش)	
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	12/11/2023	Yagjian, Marc				Φ 0.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Austin, TX 78730				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/30/2023	a caplan, carolyn				\$2.50
	l	Contributor address; City; State; Zip Code				
	I					
	I					
		Houston, TX 77025	1	Ļ		
	Principal occu Educational	Ipation / Job title (See Instructions)	Employer (See Instructions Self	S)		
						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ФО ГО
	08/30/2023	a caplan, carolyn				\$2.50
	I	Contributor address; City; State; Zip Code				
	l					
	I	Houston, TX 77025				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Educational	Consultant	Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/30/2023	a caplan, carolyn				\$2.50
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Houston, TX 77025	1			
		Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Educational	Consultant	Self			
1						

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 280/290 Rpt: 283/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/30/2023			\$2.50
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77025		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023			\$2.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/30/2023			\$2.50
	Contributor address; City; State; Zip Code		•
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Educational		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/12/2023		,	\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۵)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/12/2023			\$1.50
	Contributor address; City; State; Zip Code		•
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Educational		Self	7
1			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 281/290 Rpt: 284/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/12/2023			\$1.50
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77025		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/12/2023	caplan, carolyn		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77025	-	
·	upation / Job title (See Instructions)	Employer (See Instructions	6)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/12/2023			\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/12/2023	caplan, carolyn		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Educational		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/12/2023	caplan, carolyn		\$5.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77025	1	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Educational	Consultant	Self	

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 282/290 Rpt: 285/303
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	08/12/2023	caplan, carolyn		\$5.00
		6 Contributor address; City; State; Zip Code		1
Ļ		Houston, TX 77025	1 <u>-</u> - (0) heatmations	
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Educational		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/12/2023			\$5.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77025		
\vdash	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	[
	Educational		Self	2)
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
	10/12/2023	caplan, carolyn)	\$5.00
	10/12/2020			•
		Contributor address, City, State, Zip Code		
		Houston, TX 77025		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Educational	Consultant	Self	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/12/2023	caplan, carolyn		\$5.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77025		-
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Educational		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/12/2023	caplan, carolyn		\$5.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77025		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	Educational		Self	>)
┝				
1				

The Instru	iction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 283/290 Rpt: 286/303	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#	<u>; </u>	7 Amount of Contribution (\$)
07/21/2023			\$1.0
	6 Contributor address; City; State; Zip Code		
	austin, TX 78757		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
08/21/2023			\$1.0
	Contributor address; City; State; Zip Code		
	austin, TX 78757		-
	upation / Job title (See Instructions)	Employer (See Instructions)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#	÷)	Amount of Contribution (\$)
09/21/2023			\$1.0
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		n/a)
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
10/21/2023		·/	\$1.0 \$1
10,21,2022	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L;)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
11/21/2023			\$1.0
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	()
retired		n/a	

The Instruc	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 284/290 Rpt: 287/303
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7 Amount of Contribution (\$)
12/21/2023	field, megan		\$1.00
	6 Contributor address; City; State; Zip Code	9	
	austin, TX 78757		
	pation / Job title (See Instructions)	9 Employer (See Instruction	IS)
retired		n/a	1
Date		te PAC (ID#:)	Amount of Contribution (\$)
07/21/2023			\$5.00
	Contributor address; City; State; Zip Code	9	
	austin, TX 78757		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instruction	
retired		n/a	5)
			Amount of Contribution (\$)
Date		te PAC (ID#:)	Amount of Contribution (\$)
08/21/2023			\$5.00
	Contributor address; City; State; Zip Code	9	
	austin, TX 78757		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instruction	ls)
retired		n/a	
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of Contribution (\$)
09/21/2023	field, megan		\$5.00
	Contributor address; City; State; Zip Code	3	
	austin, TX 78757		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ls)
retired		n/a	
Date	Full name of contributor 🔲 out-of-state	te PAC (ID#:)	Amount of Contribution (\$)
10/21/2023	field, megan		\$5.00
	Contributor address; City; State; Zip Code	9	
	austin, TX 78757		
-	pation / Job title (See Instructions)	Employer (See Instruction	is)
retired		n/a	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 285/290 Rpt: 288/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/21/2023	field, megan		\$5.00
	6 Contributor address; City; State; Zip Code		1
2 Dringingloog	austin, TX 78757		
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions)	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/21/2023			\$5.00
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
retired		n/a	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	forman, wendy		\$0.50
			•
	phila, PA 19103		
-	upation / Job title (See Instructions)	Employer (See Instructions)	3)
psychothera	.pist	self	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
12/02/2023	forman, wendy		\$0.50
	Contributor address; City; State; Zip Code		
	phila, PA 19103		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
psychothera		self	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/14/2023		/	\$1.00
-	Contributor address; City; State; Zip Code		•
	Richardson, TX 75081		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	\$)
Retired		Retired	
		•	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 286/290 Rpt: 289/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State B	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/14/2023	lunce, carol		\$1.00
ľ	6 Contributor address; City; State; Zip Code		•
	Richardson, TX 75081	1	
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/14/2023	lunce, carol		\$1.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75081		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	<i>"</i>
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 10/14/2023	Full name of contributor out-of-state PAC (ID#: lunce, carol)	Amount of Contribution (\$) \$1.00
10/14/2020			φ±
	Contributor address; City; State; Zip Code		
	Richardson, TX 75081		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/14/2023	lunce, carol		\$1.00
ľ	Contributor address; City; State; Zip Code		1
	Disbardson TV 75001		
Dringing occur	Richardson, TX 75081	Employer (See Instructions	
Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	3)
Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: lunce, carol)	Amount of Contribution (\$) \$1.00
12/14/2023			ψ±.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75081		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired		Retired	
		1	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 287/290 Rpt: 290/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/14/2023	lunce, carol		\$0.50
	6 Contributor address; City; State; Zip Code		•
	Richardson, TX 75081	1	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/14/2023	lunce, carol		\$0.50
	Contributor address; City; State; Zip Code		
	Richardson, TX 75081		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	"
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/14/2023	lunce, carol	/	\$0.50
00/1 //2020	Contributor address; City; State; Zip Code		· · · · · ·
	Richardson, TX 75081		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/14/2023	lunce, carol		\$0.50
	Contributor address; City; State; Zip Code		1
	Disbardson TV 75091		
Principal occu	Richardson, TX 75081 Ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	»)
			Amount of Contribution (\$)
Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: lunce, carol)	Amount of Contribution (\$) \$0.50
	Contributor address; City; State; Zip Code		
	CUltinution address, City, State, Zip Code		
	Richardson, TX 75081		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 288/290 Rpt: 291/303
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/14/2023	lunce, carol		\$0.50
	6 Contributor address; City; State; Zip Code		
	Richardson, TX 75081		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	š)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/05/2023	plummer, robert		\$1.50
	Contributor address; City; State; Zip Code		
	Lakeway, TX 78734		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/05/2023	plummer, robert		\$1.50
	Contributor address; City; State; Zip Code		
	Lakeway, TX 78734		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/05/2023	plummer, robert		\$1.50
	Contributor address; City; State; Zip Code		
	Lakeway, TX 78734		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	<i>י</i> י
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: plummer, robert)	Amount of Contribution (\$) \$1.50
10/03/2023			ψ±
	Contributor address; City; State; Zip Code		
	Lakeway, TX 78734		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired	, , , , , , , , , , , , , , , , , , ,	retired	,

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 289/290 Rpt: 292/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/05/2023 plummer, robert \$1.50 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2023 plummer, robert \$1.50 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/05/2023 plummer, robert \$5.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/05/2023 \$5.00 plummer, robert Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/05/2023 \$5.00 plummer, robert Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 290/290 Rpt: 293/303 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 10/05/2023 \$5.00 plummer, robert 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/05/2023 \$5.00 plummer, robert Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 12/05/2023 plummer, robert \$5.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel out of District Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 294/303	Every State Blue - Texas 00087094
4 Date 07/05/2023	5 Payee name Every State Blue
6 Amount (\$) \$227.55	7 Payee address; City; State; Zip Code 237 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20001
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/03/2023	Every State Blue
Amount (\$) \$212.80	Payee address; City; State; Zip Code 237 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20001
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2023	Every State Blue
Amount (\$) \$196.25	Payee address; City; State; Zip Code 237 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20001
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 295/303	Every State Blue - Texas 00087094
4 Date	5 Payee name
10/04/2023	Every State Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$194.00	237 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2023	Every State Blue
Amount (\$)	Payee address; City; State; Zip Code
\$3.00	237 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20001
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/03/2023	Every State Blue
Amount (\$)	Payee address; City; State; Zip Code
\$173.75	237 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20001
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 296/303 Every State Blue - Texas 00087094 4 Date 5 Payee name 12/05/2023 **Every State Blue** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$176.75 237 Florida Ave NW Expenditure from Washington, DC 20001 corporate funds 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

Total pages Schedule I: Sch: 1/7 Rpt:	2 FILER NAME Every State Blue - Texas	3 Filer ID (Ethics Commission Filers 00087094
Date 09/05/2023	5 Payee name Cooper, Carla	
Amount (\$) 1.50 Expenditure from corporate funds	 Payee Address; City; State; Zip 33 Old Dunhams Corner Way Edgartown, MA 02539 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) [Description (See instructions regarding type of information required. Contribution Refund
Date 09/05/2023	Payee name Cooper, Carla	
Amount (\$) 1.50 – Expenditure from	Payee Address; City; State; Zip 33 Old Dunhams Corner Way	
PURPOSE OF EXPENDITURE	Edgartown, MA 02539 (a) Category (See instructions for examples of acceptable categories) (b) (Contribution Refund	Description (See instructions regarding type of information required.) Contribution Refund
Date 09/05/2023	Payee name Cooper, Carla	
Amount (\$) 1.50 Expenditure from corporate funds	Payee Address; City; State; Zip 33 Old Dunhams Corner Way Edgartown, MA 02539	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) [Contribution Refund	Description (See instructions regarding type of information required. Contribution Refund
Date 08/09/2023	Payee name Cooper, Carla	
Amount (\$) 5.00 Expenditure from corporate funds	Payee Address; City; State; Zip 33 Old Dunhams Corner Way Edgartown, MA 02539	
	(a) Category (See instructions for examples of acceptable categories) (b) [Description (See instructions regarding type of information required. Contribution Refund

	otal pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt:	Every State Blue - Texas	00087094
	Date 08/09/2023	5 Payee name Cooper, Carla	
	Amount (\$) 5.00 Expenditure from	 Payee Address; City; State; Zip 33 Old Dunhams Corner Way 	
	corporate funds	Edgartown, MA 02539	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (I Contribution Refund	b) Description (See instructions regarding type of information required.) Contribution Refund
[Date	Payee name	
(08/09/2023	Cooper, Carla	
/	Amount (\$) 5.00	Payee Address; City; State; Zip 33 Old Dunhams Corner Way	
	Expenditure from corporate funds	Edgartown, MA 02539	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (I Contribution Refund	b) Description (See instructions regarding type of information required.) Contribution Refund
[Date	Payee name	
(08/16/2023	Democracy Engine LLC	
/	Amount (\$) 12.50	Payee Address; City; State; Zip 237 Florida Ave NW	
	Expenditure from corporate funds	Washington, DC 20001	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (I Fees	b) Description (See instructions regarding type of information required.) Chargeback Fee
[Date	Payee name	
	08/09/2023	Democracy Engine LLC	
(Amount (\$)	Payee Address; City; State; Zip	
		237 Florida Ave NW	
	12.50		
, ,	12.50 Expenditure from corporate funds	Washington, DC 20001	
/	Expenditure from	Washington, DC 20001	b) Description (See instructions regarding type of information required.) Chargeback Fee

08/09/2023DerAmount (\$)712.50237Expenditure from corporate fundsWasPURPOSE OF EXPENDITURE(a) Cate FeeDate 08/09/2023Paye 23712.50237Expenditure from corporate fundsPaye 237Date 0F Corporate fundsPaye 237Date OF EXPENDITURE(a) Cate FeeDate 0F 0F EXPENDITURE(a) Cate FeeDate 0F 0F EXPENDITUREPaye 08/09/2023Date 0F EXPENDITUREPaye 08/09/2023Date 08/09/2023Paye Der Amount (\$)Amount (\$)Paye Paye	ee name mocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC	Chargeback Fee	
Amount (\$)7Paye 23712.5012.50237Expenditure from corporate fundsWasPURPOSE OF EXPENDITURE(a) Cate FeeDate 08/09/2023Paye 237Amount (\$)Paye 237Expenditure from corporate fundsWasPURPOSE oF corporate funds(a) Cate FeeDate OF corporate fundsPaye 237Date OF corporate fundsPaye WasDate OF OF EXPENDITUREPaye Cate FeeDate OF 	ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC	Chargeback Fee (b) Description (See instructions regarding type of information r	
12.50237Expenditure from corporate fundsWastPURPOSE OF EXPENDITURE(a) Cate FeeDate 08/09/2023Paye 08/09/2023Amount (\$)Paye 237Expenditure from corporate fundsWast Paye 08/09/2023Date Corporate fundsPaye 08/09/2023Date 0F EXPENDITURE(a) Cate Paye 08/09/2023Date 0F EXPENDITUREPaye (a) Cate Fee Paye 08/09/2023Date 0F EXPENDITUREPaye 237Date 0F EXPENDITUREPaye 237Date 08/09/2023Paye 237Date 08/09/2023Paye 237Date 08/09/2023Paye 237	 ⁷ Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories)) ee name mocracy Engine LLC ee Address; City; State; Zip ⁷ Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories)) ee name mocracy Engine LLC 	Chargeback Fee (b) Description (See instructions regarding type of information r	
12.50Expenditure from corporate fundsWastPURPOSE OF EXPENDITURE(a) Cate FeeDate 08/09/2023Paye 08/09/2023Amount (\$)Paye 237Expenditure from corporate fundsWast Paye 08/09/2023Date OF EXPENDITURE(a) Cate FeeDate 0F 0F EXPENDITUREPaye 08/09/2023Date 0F EXPENDITURE(a) Cate FeeDate 0F 0F 0F/2023Paye 08/09/2023Date 08/09/2023Paye 08/09/2023Date 08/09/2023Paye 237	shington, DC 20001 egory (See instructions for examples of acceptable categories) ee name mocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC	Chargeback Fee (b) Description (See instructions regarding type of information r	
corporate fundsWasPURPOSE OF EXPENDITURE(a) Cata FeeDate 08/09/2023Paye 08/09/2023Amount (\$)Paye 237Expenditure from corporate fundsWasPURPOSE OF EXPENDITURE(a) Cata Paye 08/09/2023Date OF Amount (\$)Paye Paye 237Date OF Amount (\$)Paye Paye 237Date OF EXPENDITUREPaye Paye 237Date 08/09/2023Paye 237Date 08/09/2023Paye 237	egory (See instructions for examples of acceptable categories) ee name mocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC	Chargeback Fee (b) Description (See instructions regarding type of information r	
PURPOSE OF EXPENDITURE (a) Cate Fee Date 08/09/2023 Paye Der Amount (\$) Paye 12.50 Expenditure from corporate funds Was PURPOSE OF EXPENDITURE (a) Cate Fee Date Paye 08/09/2023 Date Paye 08/09/2023 Date Paye 08/09/2023 Date Paye 237 Date Paye 08/09/2023 Date Paye 237 Date Paye 237 Date Paye 237	egory (See instructions for examples of acceptable categories) ee name mocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC	Chargeback Fee (b) Description (See instructions regarding type of information r	
OF EXPENDITUREFeeDatePayeDatePaye08/09/2023DerAmount (\$)Paye12.50237Expenditure from corporate fundsWasPURPOSE OF EXPENDITURE(a) Cate FeeDateOF VasDatePaye08/09/2023DerAmount (\$)Paye 237	ee name mocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC	Chargeback Fee (b) Description (See instructions regarding type of information r	equired.)
08/09/2023 Der Amount (\$) Payer 12.50 237 Expenditure from corporate funds Was PURPOSE OF EXPENDITURE (a) Cate Fee Date Payer 08/09/2023 Der Amount (\$) Payer 12.50 237	ee name nocracy Engine LLC ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) ee name nocracy Engine LLC		equired.)
Amount (\$)Pays12.5023712.50237Expenditure from corporate fundsWasPURPOSE OF EXPENDITURE(a) Cate FeeDate 08/09/2023Pays DerAmount (\$)Pays 237	ee Address; City; State; Zip ' Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC		equired.)
12.50237Expenditure from corporate fundsWasPURPOSE OF EXPENDITURE(a) Cate FeeDate 08/09/2023Paye Der Amount (\$)12.50237	Y Florida Ave NW shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name mocracy Engine LLC		equired.)
12.50Expenditure from corporate fundsPURPOSE OF EXPENDITUREDate 08/09/2023Date Amount (\$)12.50	shington, DC 20001 egory (See instructions for examples of acceptable categories) es ee name nocracy Engine LLC		'equired.)
corporate fundsWasPURPOSE OF EXPENDITURE(a) Cate FeeDatePaye 08/09/2023Amount (\$)Paye 12.50	egory (See instructions for examples of acceptable categories) S ee name nocracy Engine LLC		equired.)
PURPOSE OF EXPENDITURE(a) Cate FeeDatePaye DerDatePaye DerAmount (\$)Paye 237	ee name nocracy Engine LLC		required.)
EXPENDITURE Page Date Page 08/09/2023 Der Amount (\$) Page 12.50 237	ee name nocracy Engine LLC	Chargeback Fee	
08/09/2023 Der Amount (\$) Paye 12.50 237	nocracy Engine LLC	1	
Amount (\$) Pay 12.50 237			
12.50 237			
12.50	ee Address; City; State; Zip		
- Expenditure from	' Florida Ave NW		
corporate funds Was	shington, DC 20001		
PURPOSE (a) Cate	egory (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information r	equired.)
OF Fee EXPENDITURE	95	Chargeback Fee	
Date Pay	ee name	1	
08/09/2023 Der	mocracy Engine LLC		
	ee Address; City; State; Zip		
12.50 237	' Florida Ave NW		
Expenditure from corporate funds Was	shington, DC 20001		
	-	(b) Description (See instructions regarding type of information r	equired.)
OF Fee EXPENDITURE	<i>c</i> ,	Chargeback Fee	

SCHEDULE |

Total pages Schedule I: Sch: 4/7 Rpt:	2 FILER NAME Every State Blue - Texas	3 Filer ID (Ethics Commission Filers) 00087094
Date 08/09/2023	5 Payee name Democracy Engine LLC	I
Amount (\$) 12.50 Expenditure from	 Payee Address; City; State; Zip 237 Florida Ave NW Washington, DC 20001 	
corporate funds PURPOSE OF EXPENDITURE	-	(b) Description (See instructions regarding type of information required. Chargeback Fee
Date 07/15/2023	Payee name Democracy Engine LLC	
Amount (\$) 12.50 Expenditure from	Payee Address; City; State; Zip 237 Florida Ave NW	
corporate funds PURPOSE OF EXPENDITURE	Washington, DC 20001 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Chargeback Fee
Date 09/05/2023	Payee name Garza, Maria	
Amount (\$) 1.50 Expenditure from	Payee Address; City; State; Zip 124 N Louisiana St	
corporate funds PURPOSE OF EXPENDITURE	Alton, TX 78573 (a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required. Contribution Refund
Date 09/05/2023	Payee name Garza, Maria	
Amount (\$) 1.50 Expenditure from corporate funds	Payee Address; City; State; Zip 124 N Louisiana St Alton, TX 78573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required. Contribution Refund

SCHEDULE |

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 5/7 Rpt:	Every State Blue - Texas	00087094
Date	5 Payee name	
09/05/2023	Garza, Maria	
Amount (\$)	7 Payee Address; City; State; Zip	
1.50	124 N Louisiana St	
Expenditure from		
corporate funds	Alton, TX 78573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required. Contribution Refund
Date	Payee name	
09/05/2023	Garza, Maria	
Amount (\$)	Payee Address; City; State; Zip	
1.50	124 N Louisiana St	
Expenditure from corporate funds	Alton, TX 78573	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Contribution Refund	Contribution Refund
Date	Payee name	
08/16/2023	Garza, Maria	
Amount (\$)	Payee Address; City; State; Zip	
5.00	124 N Louisiana St	
Expenditure from	Alton TV 79572	
corporate funds	Alton, TX 78573	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required. Contribution Refund
EXPENDITURE		Contribution (Centric
Date	Payee name	
08/09/2023	Garza, Maria	
Amount (\$)	Payee Address; City; State; Zip	
5.00	124 N Louisiana St	
Expenditure from		
corporate funds	Alton, TX 78573	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required. Contribution Refund
EXPENDITURE		

Sch: 6/7 Rpt: Every State Blue - Texas 00087094 Date 5 Payee name 0009/2023 Garza, Maria Amount (\$) 7 Payee Address; City; State; Zip 5.00 124 N Louisiana St	Sch: 6/7 Rpt:		
08/09/2023 Garza, Maria Amount (\$) 7 Payee Address: 5.00 City: State: Zip 124 N Louisiana St 24 N Louisiana St 2000 PURPOSE OF EXPENDITURE (a) Category See instructore for oranges of acceptable categories) (b) Description Contribution Refund See instructores regarding type of information registred Contribution Refund Date 08/09/2023 Garza, Maria Contribution Refund (b) Description Contribution Refund Date 08/09/2023 Garza, Maria City: State: Zip 5.00 124 N Louisiana St 124 N Louisiana St 2000 (b) Description Contribution Refund Expenditure from expenditure from Contribution Refund Atton, TX 78573 (b) Description Contribution Refund See instructores regarding type of information regular Contribution Refund Date 07/15/2023 Payee name Oliver, Julie (b) Description Contribution Refund See instructores regarding type of information regular Contribution Refund Date 07/15/2023 Payee Address; 5:00 City: State; Zip 3500 Werner Ave Contribution Refund See instructores regarding type of information regular Contribution Refund Date 07/15/2023 Payee Address; City: State; Zip 2:50 City: State; Zip 2:37 Florida Ave NW See instructores regarding type of information regular Contribution Refund Date 07/15/2023 Payee Address; City: State; Zip 2:50 City: State; Zip 2:37 Florida Ave NW See instructores regarding type of information regular Contribution Refund Purepose 0F		Every State Blue - Texas	00087094
Amount (\$) 7 Payee Address; City; State; Zip 5.00 124 N Louisiana SI Lexpenditure from corporate funds Alton, TX 78573 PURPOSE EXPENDITURE (a) Category (see instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Contribution Refund Date Payee name Garza, Maria Contribution Refund Contribution Refund S.00 124 N Louisiana St Fayee Address; City; State; Zip Contribution Refund S.00 124 N Louisiana St Alton, TX 78573 (b) Description (See instructions regarding type of information required Contribution Refund PURPOSE expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Contribution Refund Date Payee name Coliver, Julie Contribution Refund Contribution Refund Austin, TX 78572 S5.00 S500 Werner Ave (b) Description (See instructions regarding type of information required Contribution Refund Date Payee name Contribution Refund Contribution Refund Contribution Refund Disc Contribution Refund <t< td=""><td>Date</td><td>5 Payee name</td><td></td></t<>	Date	5 Payee name	
5.00 124 N Louisiana SI Lexpenditure from Lexporate funds Alton, TX 78573 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description Contribution Refund Date Payee name Garza, Maria Amount (\$) Payee Address; 5.00 City; State; Zip 124 N Louisiana SI PURPOSE Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) Contribution Refund Date Payee name Contribution Refund Oliver, Julie (b) Description Corporate funds Amount (\$) Payee name Contribution Refund Oliver, Julie (b) Description Contribution Refund Date Payee name Contribution Refund 7/15/2023 Oliver, Julie Amount (\$) Payee faddress; S.00 12xpenditure from Corporate funds Austin, TX 78722 PURPOSE OF Expenditure from Contribution Refund (b) Description Contribution Refund 2.50 237 Florida Ave NW 2.50 237 Florida Ave NW 2.50 Category (See instructions for examples of acceptable categories) Contribution Refund PURPOSE (a) Category (See instructions for examples of acceptable categories) Contribution Refund Date Payee name Contribution Refund 71/15/2023 2ucker, Jonathan	08/09/2023	Garza, Maria	
5.00 Alton, TX 78573 PURPOSE or EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Gatza, Maria (b) Description (See instructions regarding type of information required. Contribution Refund Expenditure from corporate funds Alton, TX 78573 (b) Description (See instructions regarding type of information required. Contribution Refund Date corporate funds Alton, TX 78573 (b) Description (See instructions regarding type of information required. Contribution Refund Date corporate funds Alton, TX 78573 (b) Description (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Of/15/2023 (b) Description (See instructions regarding type of information required. Contribution Refund Amount (\$) Payee name Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date expenditure from Contribution Refund (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date expenditure from 2.50 Payee name 2.50 (City State; Zip 2.50 <td< td=""><td>Amount (\$)</td><td></td><td></td></td<>	Amount (\$)		
Loroprate funds Alton, TX 78573 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) 08/09/2023 (b) Description (See instructions regarding type of information required. Contribution Refund Date 08/09/2023 Garza, Maria	5.00	124 N Louisiana St	
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date 08/09/2023 Payee name Garza, Maria Payee Address; 124 N Louisiana St City; State; Zip 124 N Louisiana St Expenditure from of Expenditure from 07/15/2023 (a) Category (See instructions for examples of acceptable categories) 00/0000000000000000000000000000000000		Alton TY 78573	
OF Contribution Refund Contribution Refund Date Payee name Garza, Maria Amount (\$) Payee Address; City; State; Zip 5.00 124 N Louisiana St Expenditure from Atton, TX 78573 PURPOSE (a) Category (See instructions for examples of acceptable categories) OF Contribution Refund Other Payee name 07/15/2023 Oliver, Julie Amount (\$) Payee Address; 5.00 S500 Werner Ave Expenditure from Austin, TX 78722 PURPOSE (a) Category (See instructions for examples of acceptable categories) 5.00 S500 Werner Ave Expenditure from Austin, TX 78722 PURPOSE (a) Category (See instructions for examples of acceptable categories) 0F Contribution Refund Date Payee name 07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 2.50 2.37 Florida Ave NW Expenditure from Contribution Refund 07/15/2023 Zucker, Jonathan Amount (\$)			(b) Description (See instructions regarding type of information required
08/09/2023 Garza, Maria Amount (\$) Payee Address; City; State; Zip 5.00 124 N Louisiana St Expenditure from corporate funds Alton, TX 78573 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description Contribution Refund Date 07/15/2023 Payee name 0/iver, Julie City; State; Zip 3500 Werner Ave Expenditure from corporate funds Austin, TX 78722 PURPOSE 0F EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Date 07/15/2023 Oliver, Julie Amount (\$) Payee Address; Contribution Refund Expenditure from corporate funds Austin, TX 78722 PURPOSE 0F EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Date 07/15/2023 Payee name 2URAPOSE 07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; 2.50 2xponditure from corporate funds Payee Address; 2.50 2xpenditure from corporate funds Washington, DC 20001 PURPOSE 0F (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Contribution Refund	OF	., .,	•
08/09/2023 Garza, Maria Amount (\$) Payee Address; City; State; Zip 5.00 124 N Louisiana St Expenditure from corporate funds Alton, TX 78573 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description Contribution Refund Date 07/15/2023 Payee name 0/iver, Julie City; State; Zip 3500 Werner Ave Expenditure from corporate funds Austin, TX 78722 PURPOSE 0F EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Date 07/15/2023 Oliver, Julie Amount (\$) Payee Address; Contribution Refund Expenditure from corporate funds Austin, TX 78722 PURPOSE 0F EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Date 07/15/2023 Payee name 2URAPOSE 07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; 2.50 2xponditure from corporate funds Payee Address; 2.50 2xpenditure from corporate funds Washington, DC 20001 PURPOSE 0F (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Contribution Refund			
Amount (\$) Payee Address; City; State; Zip 5.00 124 N Louisiana St Expenditure from corporate funds Alton, TX 78573 PURPOSE of EXPENDITURE (a) Category (see instructions for examples of acceptable categories) Contribution Refund (b) Description Contribution Refund (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Of/15/2023 Oliver, Julie Contribution Refund Contribution Refund Amount (\$) Payee Address; 5.00 City; State; Zip 3500 Werner Ave Corporate funds City; State; Zip 3500 Werner Ave Contribution Refund (b) Description Contribution Refund (See instructions regarding type of information required. Contribution Refund PURPOSE 0F EXPENDITURE (a) Category (see instructions for examples of acceptable categories) Contribution Refund (b) Description Contribution Refund (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Zucker, Jonathan City; State; Zip 237 Florida Ave NW (b) Description Corporate funds (See instructions regarding type of information required. Contribution Refund PURPOSE 0F (a) Category (see instructions for examples of acceptable categories) Corporate funds (b) Description Contribution Refund (See instructions regarding type of information required. Contribution Refund			
5.00 124 N Louisiana St Expenditure from corporate funds Alton, TX 78573 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Oliver, Julie Contribution Refund Contribution Refund Amount (\$) Payee Address; 5.00 City; State; Zip (b) Description (See instructions regarding type of information required. Contribution Refund PURPOSE Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Zucker, Jonathan Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip Zas 2.50 237 Florida Ave NW Expenditure from (See instructions regarding type of information required. Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund			
5.00 Alton, TX 78573 PURPOSE orporate funds (a) Category (See instructions for examples of acceptable categories) Of EXPENDITURE (b) Description (See instructions regarding type of information required. Contribution Refund Date 071/15/2023 Payee name O/1/15/2023 Oliver, Julie Amount (\$) Payee Address; 5.00 City; State; Zip 3500 Werner Ave Expenditure from corporate funds Austin, TX 78722 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Zucker, Jonathan City; State; Zip 2.50 City; State; Zip 2.50 City; State; Zip 2.50 Expenditure from corporate funds Washington, DC 20001 Washington, DC 20001 (b) Description (See instructions regarding type of information required. Contribution Refund			
_ corporate funds Alton, TX 78573 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Oliver, Julie Amount (\$) Payee Address; City; State; Zip Contribution Refund			
OF EXPENDITURE Contribution Refund Contribution Refund Date Payee name 07/15/2023 Oliver, Julie Amount (\$) Payee Address; City; State; Zip 5.00 3500 Werner Ave Expenditure from corporate funds Austin, TX 78722 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Contribution Refund Contribution Refund Date Payee name Contribution Refund 07/15/2023 Zucker, Jonathan Contribution Refund Amount (\$) Payee Address; City; State; Zip 237 Florida Ave NW 2.50 237 Florida Ave NW Sampation, DC 20001 PURPOSE (a) Category (See instructions for examples of acceptable categories) OF (b) Description OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund		Alton, TX 78573	
EXPENDITURE Contribution related Contribution related Date Payee name 07/15/2023 Oliver, Julie Amount (\$) Payee Address; City; State; Zip 5.00 3500 Werner Ave Expenditure from Austin, TX 78722 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Contribution Refund Contribution Refund Date Payee name Zucker, Jonathan Contribution Refund Amount (\$) Payee Address; City; State; Zip 2.50 2.50 237 Florida Ave NW Expenditure from Washington, DC 20001 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund	PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required
07/15/2023 Oliver, Julie Amount (\$) Payee Address; City; State; Zip 5.00 3500 Werner Ave 5.00 Austin, TX 78722 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Contribution Refund Contribution Refund Date Payee name Zucker, Jonathan City; State; Zip Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 (b) Description (See instructions regarding type of information required. Contribution Refund	-	Contribution Refund	Contribution Refund
07/15/2023 Oliver, Julie Amount (\$) Payee Address; City; State; Zip 5.00 3500 Werner Ave 5.00 Austin, TX 78722 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Contribution Refund Contribution Refund Date Payee name Zucker, Jonathan City; State; Zip Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 (b) Description (See instructions regarding type of information required. Contribution Refund	Date	Pavee name	
Amount (\$) Payee Address; City; State; Zip 5.00 3500 Werner Ave 3500 Werner Ave Austin, TX 78722 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name Zucker, Jonathan Contribution Refund Contribution Refund Amount (\$) Payee Address; City; State; Zip 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 (b) Description (See instructions regarding type of information required. Contribution Refund			
5.00 3500 Werner Ave Expenditure from corporate funds Austin, TX 78722 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Zucker, Jonathan City; State; Zip 2.50 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 (b) Description (See instructions regarding type of information required. Contribution Refund	Amount (\$)		
Expenditure from corporate funds Austin, TX 78722 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund Date Payee name O7/15/2023 Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 (b) Description (See instructions regarding type of information required. Contribution Refund			
corporate funds Austin, TX 78722 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description Contribution Refund (See instructions regarding type of information required. Contribution Refund Date 07/15/2023 Payee name Zucker, Jonathan Payee Address; City; State; Zip 2.50 Zig Date 07/15/2023 Payee Address; City; State; Zip 2.50 City; State; Zip 2.50 City; State; Zip 2.50 Expenditure from corporate funds Washington, DC 20001 (b) Description Contribution Refund (See instructions regarding type of information required. Contribution Refund			
OF EXPENDITURE Contribution Refund Contribution Refund Date Payee name Contribution Refund 07/15/2023 Zucker, Jonathan Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 237 Florida Ave NW 2.50 237 Florida Ave NW Washington, DC 20001 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund		Austin, TX 78722	
EXPENDITURE Contribution rectand Date Payee name 07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund		., .,	
07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund Contribution Refund Contribution Refund	-	Contribution Retund	Contribution Refund
07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund Contribution Refund Contribution Refund			
07/15/2023 Zucker, Jonathan Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund Contribution Refund Contribution Refund	Date	Pavee name	
Amount (\$) Payee Address; City; State; Zip 2.50 237 Florida Ave NW 237 Florida Ave NW Expenditure from corporate funds Washington, DC 20001 (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Contribution Refund PURPOSE OF Contribution Refund Contribution Refund Contribution Refund			
2.50 2.50 2.50 2.50 Vashington, DC 20001 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund	Amount (\$)		
Expenditure from corporate funds Washington, DC 20001 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description (See instructions regarding type of information required. Contribution Refund			
Looporate funds Washington, DC 20001 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Contribution Refund (b) Description Contribution Refund			
OF Contribution Refund Contribution Refund		Washington, DC 20001	
		., .,	•
		Contribution Refund	Contribution Refund

	The Instruction Guide explains how to	complete this form.
. Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Every State Blue - Texas	3 Filer ID (Ethics Commission Filers 00087094
Date 07/15/2023	5 Payee name Zucker, Jonathan	
Amount (\$) 5.00 Expenditure from corporate funds	 Payee Address; City; State; Zip 237 Florida Ave NW Washington, DC 20001 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required Contribution Refund
Date 07/15/2023	Payee name Zucker, Jonathan	I
Amount (\$) 0.50	Payee Address; City; State; Zip 237 Florida Ave NW	
Expenditure from corporate funds PURPOSE OF EXPENDITURE	Washington, DC 20001 (a) Category (See instructions for examples of acceptable categories) Contribution Refund	(b) Description (See instructions regarding type of information required Contribution Refund