

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00081543		2 Total pages filed: 222		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Erin A.	MI MI	ELECTRONICALLY FILED 01/16/2024	
	NICKNAME	LAST Zwiener	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023	

6 EXPLANATION OF CORRECTION

Because two of the special session reports overlapped on the date 11/7/23, contributions on that date were double imported by the Texas Ethics Commission filing software. Those duplicate contributions are removed in this amended report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Erin A. Zwiener

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081543	2 Total pages filed: 222	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Erin A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME	LAST Zwiener	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 184 Driftwood, TX 78619		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Zwiener	MI MI	
	NICKNAME	LAST Erin A.	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 900 S. Creekwood Dr. Driftwood, TX 78619			
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 842-7173	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH		Month Day Year 12/31/2023
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 45		12 OFFICE SOUGHT (if known) State Representative District 45	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 222

13 C / OH NAME Zwiener, Erin A. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00081543
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	109,234.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,507.46
	4. TOTAL POLITICAL EXPENDITURES	\$	72,965.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	69,531.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

The Honorable Erin A. Zwiener

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH

18 FILER NAME Zwiener, Erin A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00081543
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 107,952.73
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,281.80
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 72,336.99
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 628.20
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 684.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/172 Rpt: 5/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABOUSSIE, KAREN <hr/> 6 Contributor address; City; State; Zip Code Manchaca, TX 78652-4113	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABOUSSIE, KAREN <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652-4113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/172 Rpt: 6/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Fidel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728-1804	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Fidel <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-1804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Jerra <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/172 Rpt: 7/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	7 Amount of Contribution (\$) \$39.31
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/172 Rpt: 8/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlgren, Carol <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665-3947	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/172 Rpt: 9/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aidala, Heather <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-5495	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allyn, Tammy <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-6501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alter, Alison <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-3418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardekani, Sam <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5120	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardekani, Siamak <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/172 Rpt: 10/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardis, Thomas John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4401	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armenta, Kathy & Richard <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Georgia <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3360	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Katy <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-4622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashbaugh, Tom <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-4510	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/172 Rpt: 11/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aulick, Michael	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Driftwood, TX 78619-9807	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aulick, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619-9807	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Rick	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610-5189	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avera, William	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4788	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres, Robert Atlee	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78703-2342	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/172 Rpt: 12/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/172 Rpt: 13/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/172 Rpt: 14/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-7686	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Jayne <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4531	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4531	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/172 Rpt: 15/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banbury, Jonafa <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Martha <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barras, Donna <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1718	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Wynette <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5323	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bascombe, April <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4531	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/172 Rpt: 16/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Stacy Diane <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619-0054	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Aaron <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2674	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Aaron <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2674	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batra, Nikhil <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batra, Nikhil <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3427	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/172 Rpt: 17/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin-Miles, Linda <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-5151	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, D <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, D <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5541	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethke, Samantha <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4711	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210-1411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/172 Rpt: 18/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickerstaff Heath Delgado Acosta LLP <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-8041	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Sherwood <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-9480	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C. <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3709	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Larisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4675	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/172 Rpt: 19/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers-Benderly, Natalie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78759-8027		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Peter	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77058-3451		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brackey, Scott	Amount of Contribution (\$) \$2.27
Contributor address; City; State; Zip Code Topeka, KS 66614-5259		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-9551		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brasch, Jillian	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Santa Fe, NM 87505-4555		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/172 Rpt: 20/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braverman, Ellen <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5267	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bremer, Catherine <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1317	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Steve <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2837	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/172 Rpt: 21/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/172 Rpt: 22/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Kirsten <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9237	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, William <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-9395	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burdett, Linda <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3233	Amount of Contribution (\$) \$5.07
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2806	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2806	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/172 Rpt: 23/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-2806	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2513	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2513	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2513	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2513	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/172 Rpt: 24/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Buda, TX 78610-2513	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Buda, TX 78610-2513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Buda, TX 78610-2513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Buda, TX 78610-2513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRIKER, KAREN	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78757-1718	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/172 Rpt: 25/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARY, SCOTT & MERRIDITH <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2601	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, LINDA <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-2113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calnan, John <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5728	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calnan, John <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5728	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvert, Larry <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/172 Rpt: 26/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvert, Larry <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676-5534	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Dixie <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Dixie <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-0163	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Judy <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-7903	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardona, Laura <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/172 Rpt: 27/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl, Carlton 6 Contributor address; City; State; Zip Code Martindale, TX 78655-0444	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl, Carlton Contributor address; City; State; Zip Code Martindale, TX 78655-0444	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl, Carlton Contributor address; City; State; Zip Code Martindale, TX 78655-0444	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/172 Rpt: 28/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/172 Rpt: 29/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/172 Rpt: 30/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/172 Rpt: 31/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Steve <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Steve Alan <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/172 Rpt: 32/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Steve Alan <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/172 Rpt: 33/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Cindy Luongo & John	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Driftwood, TX 78619-4242		
8 Principal occupation / Job title (See Instructions) Lighting Consultant		9 Employer (See Instructions) Self Employed
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Cindy Luongo & John	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Driftwood, TX 78619-4242		
Principal occupation / Job title (See Instructions) Lighting Consultant		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Cindy Luongo & John	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Driftwood, TX 78619-4242		
Principal occupation / Job title (See Instructions) Lighting Consultant		Employer (See Instructions) Self Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Cindy Luongo & John	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Driftwood, TX 78619-4242		
Principal occupation / Job title (See Instructions) Lighting Consultant		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castle, George	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78704-1345		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/172 Rpt: 34/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Marshs <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4785	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Butt Public Education PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-0033	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3838	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3838	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/172 Rpt: 35/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Buda, TX 78610-3838		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Buda, TX 78610-3838		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Buda, TX 78610-3838		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code Buda, TX 78610-3838		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Buda, TX 78610-3838		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/172 Rpt: 36/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Ramon 6 Contributor address; City; State; Zip Code Buda, TX 78610-3838	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choban, Gregory Contributor address; City; State; Zip Code Austin, TX 78731-1429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Jeanine Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$108.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kathy Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3324	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kathy Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3324	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/172 Rpt: 37/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/172 Rpt: 38/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/172 Rpt: 39/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Codina, Melva Contributor address; City; State; Zip Code Austin, TX 78737-4633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George Contributor address; City; State; Zip Code Austin, TX 78746-5507	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/172 Rpt: 40/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-5507	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-5507	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4858	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4858	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colina, Hazel E <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-2549	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/172 Rpt: 41/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Eddie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78753-5844	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002089) Communication Workers of America <hr/> Contributor address; City; State; Zip Code Washington, DC 20001-2760	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Ann <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-8905	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Leo <hr/> Contributor address; City; State; Zip Code Laguna Niguel, CA 92677-1830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/172 Rpt: 42/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-4115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Helen <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652-6843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Sharon <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-6607	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/172 Rpt: 43/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/172 Rpt: 44/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jonathan <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Patrick <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5866	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/172 Rpt: 45/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619-9771	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby, Debra <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9683	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosson, Doug <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4439	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosson, Doug <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosthwaite, Kate <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-3426	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/172 Rpt: 46/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullinane, Mary	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78704-6226		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Terry	Amount of Contribution (\$) \$275.00
Contributor address; City; State; Zip Code Buda, TX 78610-5189		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Terry	Amount of Contribution (\$) \$39.31
Contributor address; City; State; Zip Code Buda, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Terry	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code Buda, TX 78610-5189		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Therese	Amount of Contribution (\$) \$975.00
Contributor address; City; State; Zip Code Buda, TX 78610-5189		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Ascension Seton Hays

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/172 Rpt: 47/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, HARVEY <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-9325	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Harvey <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-9325	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Harvey <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-9325	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Harvey <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-9325	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Linsay <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4600	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/172 Rpt: 48/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derfler, Anne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2003		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deschner, Rhonda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fischer, TX 78623		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deschner, Rhonda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fischer, TX 78623		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiLeo, Tracy Killam	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78703-3138		
Principal occupation / Job title (See Instructions) Limited Partner		Employer (See Instructions) Killam Company
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietz, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Marcos, TX 78666-4136		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/172 Rpt: 49/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5338	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5338	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5338	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5338	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5338	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/172 Rpt: 50/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David 6 Contributor address; City; State; Zip Code Austin, TX 78703-5338	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David Contributor address; City; State; Zip Code Austin, TX 78703-5338	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Anne Contributor address; City; State; Zip Code Austin, TX 78703-1743	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dormont, Grace Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3399	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00074096) Dow PAC Contributor address; City; State; Zip Code Midland, MI 48642-4815	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/172 Rpt: 51/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drekmeier, Peter <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94301-1324	7 Amount of Contribution (\$) \$4.54
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driesslein, Bill <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-5386	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driesslein, Bill <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-5386	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driesslein, Bill <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-5386	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9022	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/172 Rpt: 52/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Laura <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-4224	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duval, Sally <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9551	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, George <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2235	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, George <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2235	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> Contributor address; City; State; Zip Code Johnson city, TX 78636	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/172 Rpt: 53/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty 6 Contributor address; City; State; Zip Code Johnson City, TX 78636-1504	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/172 Rpt: 54/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Johnson City, TX 78636-1504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Johnson City, TX 78636-1504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Johnson City, TX 78636-1504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Johnson City, TX 78636-1504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Johnson City, TX 78636-1504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/172 Rpt: 55/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> 6 Contributor address; City; State; Zip Code Johnson City, TX 78636-1504	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Charles <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Charles <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Charles <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-1416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/172 Rpt: 56/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eves, Marvadene <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2190	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Patricia <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9202	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fant-Simon, Gina Coryell <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/172 Rpt: 57/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/172 Rpt: 58/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucheux, Sharon Contributor address; City; State; Zip Code Kyle, TX 78640-2193	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/172 Rpt: 59/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetonte, Barbara <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749-3924	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-2084	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-2084	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-2084	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-2084	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/172 Rpt: 60/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-2084	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/172 Rpt: 61/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78667-0832	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Faith <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2801	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-0374	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foarde, Hannah <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5885	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Karen Lee <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-4248	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Karen Lee <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4248	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Sharon Gaskill <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4604	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freed, Brenda <hr/> Contributor address; City; State; Zip Code Stonewall, TX 78671-4286	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Kimberly <hr/> Contributor address; City; State; Zip Code St George, UT 84790-1702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Kimberly <hr/> 6 Contributor address; City; State; Zip Code St George, UT 84790-1702	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridrich, Pamela <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridrich, Pamela <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2517	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridrich, Pamela <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2517	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9140	Amount of Contribution (\$) \$439.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9051	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulkerson, Gina V <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5241	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Jean <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-1222	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt <hr/> Contributor address; City; State; Zip Code South Bend, IN 46614	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt <hr/> 6 Contributor address; City; State; Zip Code South Bend, IN 46614-3531	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt <hr/> Contributor address; City; State; Zip Code South Bend, IN 46614-3531	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt <hr/> Contributor address; City; State; Zip Code South Bend, IN 46614-3531	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt <hr/> Contributor address; City; State; Zip Code South Bend, IN 46614-3531	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt <hr/> Contributor address; City; State; Zip Code South Bend, IN 46614-3531	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1110	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1110	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-1110	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nilda <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-2865	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Nilda Garcia
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/172 Rpt: 69/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-6120	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/172 Rpt: 70/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-6120	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garries, Debra <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-2709	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/172 Rpt: 71/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilroy, Mary <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-9723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, William <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060-2823	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/172 Rpt: 72/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-3223	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3223	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3223	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3223	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3223	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/172 Rpt: 73/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-3223	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-4420	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Nathan <hr/> Contributor address; City; State; Zip Code New York, NY 10023-2149	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-5398	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halpin, Richard <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-3909	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Lesa Ann <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4270	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankins, Lamar <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4929	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/172 Rpt: 75/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-6870	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/172 Rpt: 76/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-5663	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/172 Rpt: 77/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-5663	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5663	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Joyce <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Donna <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2827	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Donna <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2827	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Gerald <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2827	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Gerald <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2827	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hashke, Donna <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2827	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1519	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Mark <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-1519	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausler, Tom <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/172 Rpt: 80/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-6416	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrick, Kathie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-3373	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Cathy Hazlewood <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4441	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Myron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-2121	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilhouse, Steve <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Paul <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6031	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2458	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay <hr/> Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/172 Rpt: 82/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay 6 Contributor address; City; State; Zip Code Austin, TX 78726-1375	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/172 Rpt: 83/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3636	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home Depot Inc PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004-1346	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Nicholas <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Nicholas <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4206	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopson, Barbara <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-1753	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/172 Rpt: 84/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Andrew <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-5829	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4915	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Gary <hr/> Contributor address; City; State; Zip Code Anna, TX 75409-5147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Gary <hr/> Contributor address; City; State; Zip Code Anna, TX 75409-5147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Gary <hr/> Contributor address; City; State; Zip Code Anna, TX 75409-5147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/172 Rpt: 85/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Gary <hr/> 6 Contributor address; City; State; Zip Code Anna, TX 75409-5147	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Gary <hr/> Contributor address; City; State; Zip Code Anna, TX 75409-5147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Gary <hr/> Contributor address; City; State; Zip Code Anna, TX 75409-5147	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison, Marieta <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imhoff, Michael <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75072-4748	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/172 Rpt: 86/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Bankers Association of Texas PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701-1683		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Invenergy Investment Company LLC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Chicago, IL 60606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78703-1017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78703-1017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78703-1017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susan	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Kyle, TX 78640-6513		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kyle, TX 78640-6513		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susan	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Kyle, TX 78640-6513		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kyle, TX 78640-6513		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kyle, TX 78640-6513		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/172 Rpt: 88/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivester, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626-5158	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker LLP PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2725	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefts, Heather <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-3710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Craig <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/172 Rpt: 89/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/172 Rpt: 90/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Erin 6 Contributor address; City; State; Zip Code Austin, TX 78737-4508	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Lance Contributor address; City; State; Zip Code San Marcos, TX 78666-3040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Ronald E. Contributor address; City; State; Zip Code Spicewood, TX 78669-4016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Ana Contributor address; City; State; Zip Code San Marcos, TX 78666-8884	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Ana Contributor address; City; State; Zip Code San Marcos, TX 78666-8884	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/172 Rpt: 91/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy, Rundell <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729-1900	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates LLP Committee for Good Government <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-7342	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9110	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzman, Steve <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5388	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/172 Rpt: 92/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Jeffrey	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Buda, TX 78610-2613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Jeffrey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Buda, TX 78610-2613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Jeffrey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Buda, TX 78610-2613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/172 Rpt: 93/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943	7 Amount of Contribution (\$) \$39.31
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/172 Rpt: 94/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Greg <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Greg <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Gregory <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidd, Shauna <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-8803	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidd, Shauna <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-8803	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/172 Rpt: 95/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/172 Rpt: 96/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kobylus, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5079	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kobylus, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kobylus, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5079	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kobylus, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/172 Rpt: 97/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koosed, Marla <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676-6323	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3137	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambeth, Margaret <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-1600	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Jan <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Jan <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6728	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/172 Rpt: 98/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Jan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-6728	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laumer, Diane <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2270	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMon, Lynne <hr/> Contributor address; City; State; Zip Code Austin, TX 78734-0031	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/172 Rpt: 99/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3845	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehnert, John <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-3427	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/172 Rpt: 100/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibrock, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5229	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Andi <hr/> Contributor address; City; State; Zip Code Redmond, WA 98052-4019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, ilan <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3420	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Michael <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644-3264	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liddle, Melanie <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/172 Rpt: 101/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liddle, Melanie <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-4920	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Aileen <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Aileen <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760-7428	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Kathie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-3373	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/172 Rpt: 102/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Litvak, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Mill Valley, CA 94941	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Litvak, Lawrence <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941-1420	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Litvak, Lawrence <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941-1420	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2478	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loe, Elizabeth <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2819	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/172 Rpt: 103/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luton, Pamela 6 Contributor address; City; State; Zip Code Austin, TX 78737-8901	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210-4637	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Florence <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89107-4440	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/172 Rpt: 105/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> 6 Contributor address; City; State; Zip Code Blanco, TX 78606-1656	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Robin <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/172 Rpt: 106/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mantooth, Eleanor <hr/> 6 Contributor address; City; State; Zip Code Blanco, TX 78606-4773	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion, Cynthia <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-1904	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/172 Rpt: 107/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-2226	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) no employer
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) no employer
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) no employer
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) no employer
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) no employer

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-2226	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) no employer
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-2226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) no employer
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, David <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-5610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4574	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Maria Delia <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-6040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Susan <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1807	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauzy, Catherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Diann <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3451	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Thomas F. <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Leah <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2195	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Leah <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2195	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Leah <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2195	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKelvain, William <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5162	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code Cypress Mill, TX 78663	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> 6 Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNair, Frances <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5073	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Sumer <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-5627	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendiola, Katrina <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2299	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/03/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20004-2601	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751-3730	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78733-3429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Lucas <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-6182	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Toomey & Associates <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2132	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/172 Rpt: 115/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikiten, Lauren <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2848	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millecam, Melissa <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2904	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Alison <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-4596	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Ida <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4206	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) HHSC
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jennifer <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3124	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller and Hoover, Ida and Nick <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-4206	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) nurse		9 Employer (See Instructions) TX HHSC
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milner, Debbie <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4785	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minnaar, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4709	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minter, Jessie <hr/> Contributor address; City; State; Zip Code Hico, TX 76457	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Barry <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mize, Sharon <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-2223	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Blain <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Blain <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2872	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Blain <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2872	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Marsha <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Marsha <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2523	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Marsha <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-2523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, July <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5360	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Craig <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musgrove, Mahlin <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5912	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08540-6023	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-2635	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neavel, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Louise <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7355	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Pamala <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2840	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/172 Rpt: 120/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Pamala <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2840	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Rosemary L <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8781	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Rosemary L <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8781	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Rosemary L <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8781	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/172 Rpt: 121/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78737-4529		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-4529		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-4529		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-4529		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-4529		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/172 Rpt: 122/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Monica <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5316	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Monica <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5316	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Carolyn <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78738-6092	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Chris <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-0044	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Patty <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-3021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisenbaum, Miriam <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel, Alan <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048-2797	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/172 Rpt: 124/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-5056	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5056	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202-1234	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ober, Jennifer <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogletree, Shirley <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3134	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogletree, Shirley <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3134	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Lori <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5434	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1808	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osler, Lynn <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6370	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Linda <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619-4474	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Linda <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4474	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, David <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-9349	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paustenbach, Tara <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/172 Rpt: 127/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Katherine Fordyce <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-0055	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/172 Rpt: 128/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78745-6825		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78745-6825		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfizer PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code New York, NY 10017-5703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinto, Martha	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kyle, TX 78640-8655		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinto, Martha	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kyle, TX 78640-8655		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/172 Rpt: 129/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Stephen <hr/> 6 Contributor address; City; State; Zip Code Midlothian, TX 76065-6626	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Clay <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1721	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) government affairs		Employer (See Instructions) self
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Clay <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1721	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulley, Tegwin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quirk, Michael <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550-3326	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/172 Rpt: 130/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ravetz, Sam <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025-7145	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Charles <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-9712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/172 Rpt: 131/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-8926	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigby, Susan <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-3356	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ring, Wendy <hr/> Contributor address; City; State; Zip Code Bayside, CA 95524-9026	Amount of Contribution (\$) \$272.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rives, Staci <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-3637	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4638	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Linda Ann <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-4048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Linda Ann <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-4048	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Katherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-3575	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/172 Rpt: 134/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rundell, Judy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729-1900	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2100	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUMMERS, JAMES <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8802	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford, Hope <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2859	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford, John <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-5785	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/172 Rpt: 135/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford, John B. 6 Contributor address; City; State; Zip Code Buda, TX 78610-2859	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sansom, Andrew Contributor address; City; State; Zip Code Stonewall, TX 78671-4222	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santerre, Judy C Contributor address; City; State; Zip Code Wimberley, TX 78676-6141	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santerre, Judy C Contributor address; City; State; Zip Code Wimberley, TX 78676-6141	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlief, Barbara Contributor address; City; State; Zip Code Austin, TX 78711-3536	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/172 Rpt: 136/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Lisa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78752-4525	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulz, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-3835	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Joel <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Joel <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-8623	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles 6 Contributor address; City; State; Zip Code Austin, TX 78737-9048	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles Contributor address; City; State; Zip Code Austin, TX 78737-9048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles Contributor address; City; State; Zip Code Austin, TX 78737-9048	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Peter Contributor address; City; State; Zip Code Arlington, TX 76001-7591	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9067	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78737-9067		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, Charlotte	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78735-1628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smerz, Angela	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Georgetown, TX 78633-4524		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carole	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Johnson City, TX 78636-4106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carole	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Johnson City, TX 78636-4106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carole <hr/> 6 Contributor address; City; State; Zip Code Johnson City, TX 78636-4106	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carole <hr/> Contributor address; City; State; Zip Code Johnson City, TX 78636-4106	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carole <hr/> Contributor address; City; State; Zip Code Johnson City, TX 78636-4106	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carole <hr/> Contributor address; City; State; Zip Code Johnson City, TX 78636-4106	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ronda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4745	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokal, Joseph <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-3034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosby, Karen <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5863	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosby, Karen <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5863	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiegelman, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2014	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprouse, Peter <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2919	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprouse, Peter <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2919	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starck, Susanne <hr/> Contributor address; City; State; Zip Code Palatine, IL 60067-4909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Jonathan <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4346	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Nancy <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-4736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Sandy <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-8757	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Brenda <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5123	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5123	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5123	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5123	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-5123	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5123	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-5123	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4643	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$39.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/172 Rpt: 150/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-2914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Bob & Eileen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/172 Rpt: 151/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussman, Soll <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4489	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussman, Soll <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4489	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4676	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talarico, Tamara <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4420	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tannebring, Virginia <hr/> Contributor address; City; State; Zip Code Austin, TX 78744-8415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tannebring, Virginia <hr/> Contributor address; City; State; Zip Code Austin, TX 78744-8415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jay <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2148	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Paula <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-3085	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Paula <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedford, Marie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8882	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedford, Marie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8882	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedford, Marie <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8882	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedford, Marie <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-8882	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford, Judith M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6400	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford, Judith M <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-6400	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Realtors PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768-2246	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Architects Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-2754	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701-1828		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lockhart, TX 78644-3088		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lockhart, TX 78644-3088		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78737-9119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78737-9119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9119	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9119	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9119	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Denis <hr/> Contributor address; City; State; Zip Code Austin, TX 78752-1203	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640-6466	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/172 Rpt: 159/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-5486	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tod, Theresa <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toma, Kristine <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-6085	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres Verdin, Carlos <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9060	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treece, Deborah Elizabeth <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3942	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trombley, Bethany <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trombley, Bethany <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Union Pacific Corporation Fund for Effective Government <hr/> Contributor address; City; State; Zip Code Washington, DC 20005-6621	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOTE PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-3064	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Iris <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-2153	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Cliff <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-4384	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-2113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Lacy <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-9724	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert Contributor address; City; State; Zip Code San Marcos, TX 78666-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael Contributor address; City; State; Zip Code Austin, TX 78748-2242	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael Contributor address; City; State; Zip Code Austin, TX 78748-2242	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael Contributor address; City; State; Zip Code Austin, TX 78748-2242	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/172 Rpt: 165/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-2242	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-2242	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walther, Sharon <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walther, Sharon <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-4573	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walther, Sharon <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-4573	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/172 Rpt: 166/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4516	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/172 Rpt: 167/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4516	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00119008) Waste Management Employees Better Gov't Fund <hr/> Contributor address; City; State; Zip Code Washington, DC 20004-3610	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkiss, Samara <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-1909	Amount of Contribution (\$) \$40.91
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Lin <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5784	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-8528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/172 Rpt: 168/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78737-8528		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-8528		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-8528		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-8528		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-8528		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/172 Rpt: 169/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Chicago, IL 60657-5200		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60657-5200		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60657-5200		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60657-5200		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60657-5200		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/172 Rpt: 170/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60657-5200	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesson, Cynthia <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-0862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Austin <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Sherie <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3954	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Kent <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4360	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/172 Rpt: 171/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Dave 6 Contributor address; City; State; Zip Code Austin, TX 78737-9227	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, James Contributor address; City; State; Zip Code Kyle, TX 78640-6152	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Craig Contributor address; City; State; Zip Code Houston, TX 77021-2776	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Withrow, Anne Contributor address; City; State; Zip Code Austin, TX 78721-1524	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Withrow, Anne Contributor address; City; State; Zip Code Austin, TX 78721-1524	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/172 Rpt: 172/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witty, Joanne <hr/> 6 Contributor address; City; State; Zip Code Bedford Hills, NY 10507-2208	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Kennon <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Perry <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3264	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Perry <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3264	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Perry <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-3264	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/172 Rpt: 173/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Perry	7 Amount of Contribution (\$) \$27.00
6 Contributor address; City; State; Zip Code Buda, TX 78610-3264		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Stanford	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78703-4139		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Marcos, TX 78666-4132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Marcos, TX 78666-4132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Marcos, TX 78666-4132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/172 Rpt: 174/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Marcos, TX 78666-4132		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Marcos, TX 78666-4132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Marcos, TX 78666-4132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachrison, Kendra	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Driftwood, TX 78619-4471		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachrison, Kendra	Amount of Contribution (\$) \$39.31
Contributor address; City; State; Zip Code Driftwood, TX 78619-4471		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/172 Rpt: 175/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeller, Charles Peretz <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78733-3243	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) carney, nancy <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-6379	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830-5020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830-5020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830-5020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/172 Rpt: 176/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les <hr/> 6 Contributor address; City; State; Zip Code Alpine, TX 79830-5020	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830-5020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830-5020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) langfeld, chris <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/6 Rpt: 177/222	
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John	8 Amount of contribution (\$) \$53.55	9 In-kind contribution description event expenses
	7 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bascombe, April	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Austin, TX 78737-4531		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	Amount of contribution (\$) \$350.00	In-kind contribution description email distribution costs for event
	Contributor address; City; State; Zip Code Austin, TX 78701-2102		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/6 Rpt: 178/222	
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Dixie	8 Amount of contribution (\$) \$53.55	9 In-kind contribution description event expenses
	7 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Steve	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/6 Rpt: 179/222	
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Terry	8 Amount of contribution (\$) \$53.55	9 In-kind contribution description event expenses
	7 Contributor address; City; State; Zip Code Buda, TX 78620	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Linsay	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Austin, TX 78737-4600	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Austin, TX 78737-9140	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/6 Rpt: 180/222	
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	8 Amount of contribution (\$) \$53.55	9 In-kind contribution description event expenses
	7 Contributor address; City; State; Zip Code Austin, TX 78737-9110		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Linda	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Austin, TX 78737		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/6 Rpt: 181/222	
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, David	8 Amount of contribution (\$) \$53.55	9 In-kind contribution description event expenses
	7 Contributor address; City; State; Zip Code Buda, TX 78610-9349		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Buda, TX 78610-2914		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathleen	Amount of contribution (\$) \$128.55	In-kind contribution description event expenses
	Contributor address; City; State; Zip Code Austin, TX 78737-9119		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 6/6 Rpt: 182/222	
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Kent	8 Amount of contribution (\$) \$53.55	9 In-kind contribution description event expenses
7 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4360		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachrisson, Kendra	Amount of contribution (\$) \$53.55	In-kind contribution description event expenses
Contributor address; City; State; Zip Code Driftwood, TX 78619-4471		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/18/2023	5 Payee name 1833 Group	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1100 Jorie Blvd Ste 118 Oak Brook, IL 60523-4404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/31/2023	Payee name 1833 Group	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1100 Jorie Blvd Ste 118 Oak Brook, IL 60523-4404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/05/2023	Payee name 1833 Group	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1100 Jorie Blvd Ste 118 Oak Brook, IL 60523-4404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/07/2023	5 Payee name 1833 Group	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1100 Jorie Blvd Ste 118 Oak Brook, IL 60523-4404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2023	Payee name AT&T	
Amount (\$) \$577.40	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name AT&T	
Amount (\$) \$561.10	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/20/2023	5 Payee name AT&T	
6 Amount (\$) \$185.24	7 Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name AT&T	
Amount (\$) \$180.48	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2023	Payee name AT&T	
Amount (\$) \$176.21	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/02/2023	5 Payee name ActBlue	
6 Amount (\$) \$89.87	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2023	Payee name ActBlue	
Amount (\$) \$65.99	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2023	Payee name ActBlue	
Amount (\$) \$12.18	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/23/2023	5 Payee name ActBlue	
6 Amount (\$) \$40.99	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2023	Payee name ActBlue	
Amount (\$) \$35.56	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2023	Payee name ActBlue	
Amount (\$) \$2.78	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/13/2023	5 Payee name ActBlue	
6 Amount (\$) \$59.43	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2023	Payee name ActBlue	
Amount (\$) \$15.06	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2023	Payee name ActBlue	
Amount (\$) \$26.41	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/03/2023	5 Payee name ActBlue	
6 Amount (\$) \$73.04	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2023	Payee name ActBlue	
Amount (\$) \$21.81	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2023	Payee name ActBlue	
Amount (\$) \$41.41	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/24/2023	5 Payee name ActBlue	
6 Amount (\$) \$120.81	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2023	Payee name ActBlue	
Amount (\$) \$218.28	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2023	Payee name ActBlue	
Amount (\$) \$1.99	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/08/2023	5 Payee name ActBlue	
6 Amount (\$) \$9.91	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2023	Payee name ActBlue	
Amount (\$) \$10.56	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2023	Payee name ActBlue	
Amount (\$) \$68.64	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/29/2023	5 Payee name ActBlue	
6 Amount (\$) \$189.53	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2023	Payee name ActBlue	
Amount (\$) \$100.44	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2023	Payee name ActBlue	
Amount (\$) \$80.33	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/19/2023	5 Payee name ActBlue	
6 Amount (\$) \$95.33	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2023	Payee name ActBlue	
Amount (\$) \$44.14	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2023	Payee name ActBlue	
Amount (\$) \$232.77	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/10/2023	5 Payee name ActBlue	
6 Amount (\$) \$14.69	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2023	Payee name ActBlue	
Amount (\$) \$99.28	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2023	Payee name ActBlue	
Amount (\$) \$92.95	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/31/2023	5 Payee name ActBlue	
6 Amount (\$) \$419.13	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2023	Payee name Amazon	
Amount (\$) \$340.90	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name Amazon	
Amount (\$) \$23.77	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
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4 Date 07/25/2023	5 Payee name Arredondo, Juan
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6 Amount (\$) \$461.75	7 Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2023	Payee name Arredondo, Juan
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Amount (\$) \$461.75	Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2023	Payee name Arredondo, Juan
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Amount (\$) \$461.75	Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/29/2023	5 Payee name Arredondo, Juan	
6 Amount (\$) \$461.75	7 Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name Arredondo, Juan	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Arredondo, Juan	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Payee name Arredondo, Juan	
6 Amount (\$) \$461.75	7 Payee address; City; State; Zip Code 1300 Perkins St San Marcos, TX 78666-2826	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name Blue Scout Digital	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name Blue Scout Digital	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
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4 Date 08/05/2023	5 Payee name Bobcat Quickie
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 333 N Guadalupe St San Marcos, TX 78666-5609
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tacos for firefighters
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2023	Payee name Buda Area Chamber of Commerce
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 203 Railroad St Ste 1C Buda, TX 78610-3437
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2023	Payee name CCR Studios
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Amount (\$) \$1,299.00	Payee address; City; State; Zip Code 9501 Argyle Dr Austin, TX 78749-5210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Payee name CFC Consulting LLC	
6 Amount (\$) \$1,017.18	7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Centro San Marcos	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 211 Lee St San Marcos, TX 78666-6811	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name Fuego Tortilla	
Amount (\$) \$768.03	Payee address; City; State; Zip Code 913 I 35 Frontage Rd San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for the firefighters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/12/2023	5 Payee name HEB	
6 Amount (\$) \$34.98	7 Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2023	Payee name HEB	
Amount (\$) \$19.09	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2023	Payee name HEB	
Amount (\$) \$77.37	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/04/2023	5 Payee name HEB	
6 Amount (\$) \$92.93	7 Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2023	Payee name Hays County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 215 W San Antonio St San Marcos, TX 78666-5549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2023	Payee name Hays County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 215 W San Antonio St San Marcos, TX 78666-5549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
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4 Date 08/10/2023	5 Payee name Hays County Democratic Party
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 215 W San Antonio St San Marcos, TX 78666-5549
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Hays County Democratic Party
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 215 W San Antonio St San Marcos, TX 78666-5549
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/25/2023	Payee name Hinojosa, Cynthia
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Amount (\$) \$3,370.83	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/31/2023	5 Payee name Hinojosa, Cynthia	
6 Amount (\$) \$3,370.83	7 Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Hinojosa, Cynthia	
Amount (\$) \$3,370.83	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Hinojosa, Cynthia	
Amount (\$) \$3,370.83	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/31/2023	5 Payee name Hinojosa, Cynthia	
6 Amount (\$) \$3,370.83	7 Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Hinojosa, Cynthia	
Amount (\$) \$3,370.83	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name Hinojosa, Cynthia	
Amount (\$) \$3,370.83	Payee address; City; State; Zip Code 2209 E 19th St Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/20/2023	5 Payee name Hotel Harrington	
6 Amount (\$) \$336.26	7 Payee address; City; State; Zip Code 436 11th St NW Washington, DC 20004-1301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July 18-21st white house event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2023	Payee name IRS	
Amount (\$) \$2,023.34	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2023	Payee name IRS	
Amount (\$) \$1,148.16	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/21/2023	5 Payee name IRS	
6 Amount (\$) \$1,148.16	7 Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2023	Payee name IRS	
Amount (\$) \$1,088.17	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name IRS	
Amount (\$) \$1,011.67	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/15/2023	5 Payee name IRS	
6 Amount (\$) \$1,011.67	7 Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2023	Payee name IRS	
Amount (\$) \$935.17	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2023	Payee name Los Vaqueros	
Amount (\$) \$36.44	Payee address; City; State; Zip Code 804 W Center St Kyle, TX 78640-9348	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for kick off event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/03/2023	5 Payee name Los Vaqueros	
6 Amount (\$) \$304.90	7 Payee address; City; State; Zip Code 804 W Center St Kyle, TX 78640-9348	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kick off event reservation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Los Vaqueros	
Amount (\$) \$264.50	Payee address; City; State; Zip Code 804 W Center St Kyle, TX 78640-9348	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for kick off event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2023	Payee name Mano Amigas	
Amount (\$) \$250.00	Payee address; City; State; Zip Code Requested San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/17/2023	5 Payee name NGP Van Inc.	
6 Amount (\$) \$799.50	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2023	Payee name NGP Van Inc.	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name NGP Van Inc.	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 29/36 Rpt:	2	FILER NAME Zwiener, Erin A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081543
4	Date 10/02/2023	5	Payee name NGP Van Inc.		
6	Amount (\$) \$341.12	7	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/02/2023		Payee name NGP Van Inc.		
	Amount (\$) \$341.12		Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/04/2023		Payee name NGP Van Inc.		
	Amount (\$) \$341.12		Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
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4 Date 07/17/2023	5 Payee name NGP Van Inc.
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6 Amount (\$) \$319.80	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2023	Payee name Phoneburner
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Amount (\$) \$157.05	Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name Phoneburner
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Amount (\$) \$157.05	Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/29/2023	5 Payee name Phoneburner	
6 Amount (\$) \$157.05	7 Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2023	Payee name San Marcos BBQ	
Amount (\$) \$389.70	Payee address; City; State; Zip Code 1701 I 35 N Frontage Rd San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for firefighters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2023	Payee name San Marcos Education Foundation	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 671 San Marcos, TX 78667-0671	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/22/2023	5 Payee name San Marcos Pride	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code Requested San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pride event donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2023	Payee name Scale to Win	
Amount (\$) \$535.09	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703-1419	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2023	Payee name Scooter Promo LLC	
Amount (\$) \$2,045.93	Payee address; City; State; Zip Code 1401 Harvest Glen Dr Plano, TX 75023-6734	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fans
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/20/2023	5 Payee name Target	
6 Amount (\$) \$15.62	7 Payee address; City; State; Zip Code 3702 Ranch Road 620 S Bee Cave, TX 78738-6304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Target	
Amount (\$) \$5.41	Payee address; City; State; Zip Code 3702 Ranch Road 620 S Bee Cave, TX 78738-6304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2023	Payee name Texas Democratic Party State GPAC	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 1106 Lavaca St Ste 100 Austin, TX 78701-2170	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/12/2023	5 Payee name The Austin Club	
6 Amount (\$) \$242.50	7 Payee address; City; State; Zip Code 110 E 9th St Austin, TX 78701-2426	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event venue
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2023	Payee name Wix	
Amount (\$) \$349.92	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158-2354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2023	Payee name Worley Printing Company Inc	
Amount (\$) \$571.56	Payee address; City; State; Zip Code 3217 N Interstate 35 Austin, TX 78722-2203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/36 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
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4 Date 12/11/2023	5 Payee name Worley Printing Company Inc
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6 Amount (\$) \$223.00	7 Payee address; City; State; Zip Code 3217 N Interstate 35 Austin, TX 78722-2203
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2023	Payee name Zwiener, Erin
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Amount (\$) \$628.20	Payee address; City; State; Zip Code PO Box 184 Driftwood, TX 78619-0184
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for campaign expenses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 219/222	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/01/2023	5 Payee name Phoneburner	
6 Amount (\$) \$157.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2023	Payee name Phoneburner	
Amount (\$) \$157.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name Phoneburner	
Amount (\$) \$157.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 220/222	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/28/2023	5 Payee name Phoneburner	
6 Amount (\$) \$157.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch Laguna Beach, CA 92651	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 221/222
2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/15/2023	5 Name of person from whom amount is received Carrie Isaac for Texas	8 Amount (\$) \$342.00
	6 Address of person from whom amount is received; City; State; Zip Code Dripping Springs, TX 78620	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Donation for food for fire rescue	
Date 08/09/2023	Name of person from whom amount is received Judith Zaffirini Senate Campaign	Amount (\$) \$342.00
	Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Donation for food for fire rescue	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
Sch: 1/1 Rpt: 222/222

2 FILER NAME
Zwiener, Erin A. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00081543

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Hotel Harrington

5 Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

Zwiener, Erin (Rep.)

07/18/2023

8 Departure city or name of departure location

Austin

07/21/2023

9 Destination city or name of destination location

Washington, DC

10 Means of transportation
Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)
trip to White House event