

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087746	2 Total pages filed: 186	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Angel	Date Received ELECTRONICALLY FILED 02/03/2024	
	NICKNAME LAST SUFFIX Carroll		
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
Date Hand-delivered or Date Postmarked			
		Receipt #	Amount
Date Processed			
Date Imaged			

6 EXPLANATION OF CORRECTION
Upload error correction

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.

Ms. Angel Carroll

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) 00087746	2 Total pages filed: 186		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Angel	MI MI	OFFICE USE ONLY	
	NICKNAME	LAST Carroll	SUFFIX		Date Received ELECTRONICALLY FILED 02/03/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX 1504 Hutto, TX 78634		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Brigid	MI MI		
	NICKNAME	LAST Lester	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2209 Falming Tree Court Cedar Park, TX 78613		APT / SUITE #;	CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(512) 656-5752					
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	Month	
07/01/2023		THROUGH		12/31/2023	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
03/05/2024			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 52		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Carroll, Angel (Ms.)	14 Filer ID (Ethics Commission Filers) 00087746
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.									
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	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)	\$	41,817.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	27,664.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	14,152.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	901.92

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.

Ms. Angel Carroll

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**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Carroll, Angel (Ms.)		19 Filer ID (Ethics Commission Filers) 00087746
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 41,817.33
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 513.92
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27,664.81
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/130 Rpt: 5/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Wegmann, Jacob <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Texas at Austin
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Wegmann, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Wegmann, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abline, James <hr/> Contributor address; City; State; Zip Code punta gorda, FL 33982	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abline, James <hr/> Contributor address; City; State; Zip Code punta gorda, FL 33982	Amount of Contribution (\$) \$5.00
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: 2/130 Rpt: 6/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Leah <hr/> 6 Contributor address; City; State; Zip Code St George, UT 84770	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Leah <hr/> Contributor address; City; State; Zip Code St George, UT 84770	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Rice University
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Jaime <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
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#: _____) Aiza, Cecily <hr/> Contributor address; City; State; Zip Code Burbank, CA 91505	Amount of Contribution (\$) \$7.00
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: 3/130 Rpt: 7/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiza, Cecily	7 Amount of Contribution (\$) \$7.00
	6 Contributor address; City; State; Zip Code Burbank, CA 91505	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albers, Marilynne	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code San Francisco, CA 94133	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albers, Marilynne	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code San Francisco, CA 94133	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Cole Law Firm
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Mary	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Cole Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/130 Rpt: 8/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Mary <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Cole Law Firm
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Peter <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Peter <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Robert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) AS&D
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Robert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) AS&D

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/130 Rpt: 9/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Ryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CEA of TeamHealth
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CEA of TeamHealth
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, June <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Property management		Employer (See Instructions) Rosenthal Associates inc
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, June <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Property management		Employer (See Instructions) Rosenthal Associates inc
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amara 4 Texas <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	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: 6/130 Rpt: 10/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos-McGehee, Audrey	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos-Mcgehee, Audrey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos-Mcgehee, Audrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Catherine	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code Milwaukee, WI 53215		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Catherine	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code Milwaukee, WI 53215		
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: 7/130 Rpt: 11/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aoki, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98107	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Game producer		9 Employer (See Instructions) Probably Monsters
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aoki, Elizabeth <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Game producer		Employer (See Instructions) Probably Monsters
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atmore, Edena <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, H Brent <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barhydt, Fred and Melissa <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Melissa Barhydt

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/130 Rpt: 12/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Heide <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Me
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Heide <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Me
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Karen <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33712	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Acupuncturist & Herbalist		Employer (See Instructions) self
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Karen <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33712	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Acupuncturist & Herbalist		Employer (See Instructions) self
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell Onyemali, Christian <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Eleven 11 Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/130 Rpt: 13/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biagtan, Elsie <hr/> 6 Contributor address; City; State; Zip Code Temecula, CA 92592	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biagtan, Elsie <hr/> Contributor address; City; State; Zip Code Temecula, CA 92592	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Latasha <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Latasha Black
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstone, Melissa <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstone, Melissa <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205	Amount of Contribution (\$) \$20.00
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: 10/130 Rpt: 14/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakeney, Sandra	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Madison, WI 53704	
8 Principal occupation / Job title (See Instructions) Program/Policy Analyst		9 Employer (See Instructions) The Management Group
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakeney, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Madison, WI 53704	
Principal occupation / Job title (See Instructions) Program/Policy Analyst		Employer (See Instructions) The Management Group
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanck, Stephanie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borel, Dennis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) non-profit director		Employer (See Instructions) Coalition of Texans with Disabilities
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradlow, Lisa	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code scarsdale, NY 10583	
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/130 Rpt: 15/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broughton, Kesten <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Mr		9 Employer (See Instructions) cognitive scale
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broughton, Kesten <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Amy <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Every Body Texas
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jermaca <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Field Director
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jermaca <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Field Director

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/130 Rpt: 16/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Nancy	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code St Louis, MO 63127		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Nancy	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code St Louis, MO 63127		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bufford, Brandi	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) DHS
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Rebecca	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731		
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: 13/130 Rpt: 17/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/13/2023	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	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Cynthia <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Providence St Peters Hospital
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Cynthia <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Providence St Peters Hospital
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camm, Wanda <hr/> Contributor address; City; State; Zip Code Chesapeake, VA 23325	Amount of Contribution (\$) \$7.00
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: 14/130 Rpt: 18/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camm, Wanda <hr/> 6 Contributor address; City; State; Zip Code Chesapeake, VA 23325	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Desiree <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Coordinator		Employer (See Instructions) Marsh & McLennan
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Desiree <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Coordinator		Employer (See Instructions) Marsh & McLennan
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Desiree <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Coordinator		Employer (See Instructions) Marsh & McLennan
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Desiree <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Coordinator		Employer (See Instructions) Marsh & McLennan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/130 Rpt: 19/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Desiree <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Account Coordinator		9 Employer (See Instructions) Marsh & McLennan
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartsonis, Ellen <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78759	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) market research		Employer (See Instructions) self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartsonis, Ellen <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78759	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) market research		Employer (See Instructions) self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casta Pecora, Marianna <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casta Pecora, Marianna <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$7.00
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: 16/130 Rpt: 20/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Alycia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Advocate		9 Employer (See Instructions) Texas Civil Rights Project
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Nina <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caviness, Alison <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PEDIATRICIAN		Employer (See Instructions) GSG
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kathleen <hr/> Contributor address; City; State; Zip Code Danville, CA 94506	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Tax Lawyer		Employer (See Instructions) Chevron Corporation
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kathleen <hr/> Contributor address; City; State; Zip Code Danville, CA 94506	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Tax Lawyer		Employer (See Instructions) Chevron Corporation

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/130 Rpt: 21/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Felix <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Chavez Insurance Group
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Karen <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirelli, Mary E <hr/> Contributor address; City; State; Zip Code Verona, NJ 07044	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirelli, Mary E <hr/> Contributor address; City; State; Zip Code Verona, NJ 07044	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) State of Texas

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/130 Rpt: 22/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Kim <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30345	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Library Technician		9 Employer (See Instructions) DeKalb County
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Kim <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30345	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Library Technician		Employer (See Instructions) DeKalb County
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Elise <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Healthcare
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Emily <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11209	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) You Gotta Believe
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/130 Rpt: 23/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Karen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78756		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colombana, Sheila	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Philo, CA 95466		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78746		
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#: _____) Conyngham, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/130 Rpt: 24/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) researcher		9 Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Terry	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
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#: _____) Cooper, Michelle	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Kelso, WA 98626		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corless, Barbara	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kew Gardens, NY 11415		
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: 21/130 Rpt: 25/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corless, Barbara <hr/> 6 Contributor address; City; State; Zip Code Kew Gardens, NY 11415	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corna, Denise <hr/> Contributor address; City; State; Zip Code Oneonta, NY 13820	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Childcare provider		Employer (See Instructions) self employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornacchia, Kelly <hr/> Contributor address; City; State; Zip Code Severna Park, MD 21146	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Lisa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) USAA
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowell, Stephen <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Plasmability LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/130 Rpt: 26/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Daniel <hr/> 6 Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94115	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Ceo		9 Employer (See Instructions) Protein Architects
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Film		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Tom <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Tom <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Recording Engineer		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/130 Rpt: 27/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Michael	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78745		
8 Principal occupation / Job title (See Instructions) Recording Engineer		9 Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniele, Tayhlor	Amount of Contribution (\$) \$16.67
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Resonance
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniele, Tayhlor	Amount of Contribution (\$) \$16.67
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Resonance
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darling, Adele Kelley	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lakewood, OH 44107		
Principal occupation / Job title (See Instructions) Taxonomist		Employer (See Instructions) Self
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darling, Adele Kelley	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Lakewood, OH 44107		
Principal occupation / Job title (See Instructions) Taxonomist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/130 Rpt: 28/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darling, Adele Kelley <hr/> 6 Contributor address; City; State; Zip Code Lakewood, OH 44107	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Taxonomist		9 Employer (See Instructions) Self
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darling, Adele Kelley <hr/> Contributor address; City; State; Zip Code Lakewood, OH 44107	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Taxonomist		Employer (See Instructions) Self
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeShazo, Patricia <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSisto, Nancy <hr/> Contributor address; City; State; Zip Code Aiken, SC 29803	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSisto, Nancy <hr/> Contributor address; City; State; Zip Code Aiken, SC 29803	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/130 Rpt: 29/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defelice, Becca <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Emerge TX
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delahousie, Sharyn <hr/> Contributor address; City; State; Zip Code Duarte, CA 91010	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delahousie, Sharyn <hr/> Contributor address; City; State; Zip Code Duarte, CA 91010	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Deb <hr/> Contributor address; City; State; Zip Code West Boylston, MA 01583	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Delaney Healthcare
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Deb <hr/> Contributor address; City; State; Zip Code West Boylston, MA 01583	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Delaney Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/130 Rpt: 30/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Liberte <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Rachel <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37409	Amount of Contribution (\$) \$2.10
Principal occupation / Job title (See Instructions) PT		Employer (See Instructions) Enhabit Home Health
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessormeau, Pamela <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessormeau, Pamela <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Madeleine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Political Activist		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/130 Rpt: 31/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Madeleine <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Political Activist		9 Employer (See Instructions) none
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dextre, Tamara <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Apple
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickerson, Laura <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickerson, Laura <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Alycea <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/130 Rpt: 32/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolloff, Anne	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78248		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolloff, Anne	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code San Antonio, TX 78248		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Mitchell	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Mitchell	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Katherine	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/130 Rpt: 33/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunbar, Andrianna <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20816	7 Amount of Contribution (\$) \$66.67
8 Principal occupation / Job title (See Instructions) Chief of staff		9 Employer (See Instructions) Democracy forward
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunbar, Andrianna <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Chief of staff		Employer (See Instructions) Democracy forward
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/130 Rpt: 34/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77092	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Spring Branch ISD
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jazirae <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Spring Branch ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/130 Rpt: 35/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlop, Jon <hr/> 6 Contributor address; City; State; Zip Code Elgin, TX 78621	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlop, Jon <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlop, Jon <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Vanderpoel, Debra <hr/> Contributor address; City; State; Zip Code CHICOPEE, MA 01020	Amount of Contribution (\$) \$11.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/130 Rpt: 36/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Teresa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Maggie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Maggie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Maggie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$52.00
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#: _____) Erickson-Collins, Christel <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$52.00
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: 33/130 Rpt: 37/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evbagharu, Odus <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77449	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Strategist		9 Employer (See Instructions) Self - Employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fant-Simon, Shari <hr/> Contributor address; City; State; Zip Code Dripping springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fant-Simon, Shari <hr/> Contributor address; City; State; Zip Code Dripping springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Martha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr. Director		Employer (See Instructions) Dallas College
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, David <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
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: 34/130 Rpt: 38/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, Jimmy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Administration		9 Employer (See Instructions) Austin Convention Enterprises, Inc.
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores-Staples, Aurora <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) District Coordinator		Employer (See Instructions) Austin ISD
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foxx, Deja <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Content creator		Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foxx, Deja <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Content creator		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Dan <hr/> Contributor address; City; State; Zip Code Erlanger, KY 41018	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Latonia Baptist Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/130 Rpt: 39/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Dan	7 Amount of Contribution (\$) \$3.33
6 Contributor address; City; State; Zip Code Erlanger, KY 41018		
8 Principal occupation / Job title (See Instructions) Minister		9 Employer (See Instructions) Latonia Baptist Church
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredricks, Virginia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Dawn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frock, Rachel	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Austin, TX 78752		
Principal occupation / Job title (See Instructions) Software Eng Manager		Employer (See Instructions) Findhelp
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frock, Rachel	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Austin, TX 78752		
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: 36/130 Rpt: 40/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froemming, Maria	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Coppell, TX 75019		
8 Principal occupation / Job title (See Instructions) Deputy Campaign Mge		9 Employer (See Instructions) Cassandra for Texas
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G, Glover	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77073		
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) City of Houston
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagarin, Gregory	Amount of Contribution (\$) \$2.33
Contributor address; City; State; Zip Code Cherry Hill, NJ 08003		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Atkins
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagarin, Gregory	Amount of Contribution (\$) \$2.33
Contributor address; City; State; Zip Code Cherry Hill, NJ 08003		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Atkins
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaillard, Corinne	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Orleans, LA 70130		
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Noneya

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/130 Rpt: 41/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gair, Aja <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Ann <hr/> Contributor address; City; State; Zip Code Lakewood, CO 80227	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Jennifer <hr/> Contributor address; City; State; Zip Code Pueblo, CO 81004	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Business Development - NGO		Employer (See Instructions) Fair Trade Certified - USA
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Frank <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) N/a		Employer (See Instructions) Hogwarts
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ganguly, Ram <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90278	Amount of Contribution (\$) \$7.00
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: 38/130 Rpt: 42/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ganguly, Ram <hr/> 6 Contributor address; City; State; Zip Code Redondo Beach, CA 90278	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Emmanuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78747	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Democratic Party
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Roberto <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) USACS
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garlich, Jill <hr/> Contributor address; City; State; Zip Code Chesterfield, MO 63005	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Vp		Employer (See Instructions) Slay industries
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garlich, Jill <hr/> Contributor address; City; State; Zip Code Chesterfield, MO 63005	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Vp		Employer (See Instructions) Slay industries

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/130 Rpt: 43/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Linda	7 Amount of Contribution (\$) \$16.67
	6 Contributor address; City; State; Zip Code St. Petersburg, FL 33704	
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Canterbury School of Florida
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Linda	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code St. Petersburg, FL 33704	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Canterbury School of Florida
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavin, Emily	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78733-3224	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) RPX
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gingerella, Lisa	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code ANDOVER, NJ 07821	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, G	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77073	
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) City of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/130 Rpt: 44/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Vice President/Treasurer		9 Employer (See Instructions) Barilla Management Inc
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golab, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldhush, Carolyn <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10011	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Moore
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldhush, Carolyn <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10011	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Moore
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Mary Beth <hr/> Contributor address; City; State; Zip Code Anderson, IN 46011	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Associate Director		Employer (See Instructions) Interlocal Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/130 Rpt: 45/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Mary Beth <hr/> 6 Contributor address; City; State; Zip Code Anderson, IN 46011	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Associate Director		9 Employer (See Instructions) Interlocal Association
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goll, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goll, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodfriend, Sarah, <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooding, Connie <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$40.00
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: 42/130 Rpt: 46/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooding, Connie <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Denise <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Darrien <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Exeter Finance
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Darrien <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Virtualization Engineer		Employer (See Instructions) Exeter Finance
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Funda <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXUE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/130 Rpt: 47/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77066	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Facility Assessor		9 Employer (See Instructions) The Binary Group
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Facility Assessor		Employer (See Instructions) The Binary Group
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Facility Assessor		Employer (See Instructions) The Binary Group
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Facility Assessor		Employer (See Instructions) The Binary Group
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Facility Assessor		Employer (See Instructions) The Binary Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/130 Rpt: 48/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77066	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Facility Assessor		9 Employer (See Instructions) The Binary Group
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Facility Assessor		Employer (See Instructions) The Binary Group
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The North Face
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The North Face
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The North Face

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/130 Rpt: 49/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Irving, TX 75063		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) The North Face
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Irving, TX 75063		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The North Face
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Irving, TX 75063		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The North Face
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Irving, TX 75063		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The North Face
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Kennedy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Irving, TX 75063		
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: 46/130 Rpt: 50/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75053	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) TXU Energy
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXU Energy
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXU Energy
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXU Energy
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXU Energy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/130 Rpt: 51/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75053	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) TXU Energy
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXU Energy
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TXU Energy
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grays, Twane <hr/> Contributor address; City; State; Zip Code Irving, TX 75053	Amount of Contribution (\$) \$25.00
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#: _____) Green, Marsha <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
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: 48/130 Rpt: 52/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greiff, Sharon	7 Amount of Contribution (\$) \$16.67
6 Contributor address; City; State; Zip Code Houston, TX 77009		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) self
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gremillion, Delores	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Gwynn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Colebrook, CT 06021		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Wanda Faye	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Failla	Amount of Contribution (\$) \$16.67
Contributor address; City; State; Zip Code Mesquite, TX 75150		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) Delta Air Lines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/130 Rpt: 53/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Sara <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guenther, Skip <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunter, Jan <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, CLINT <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Corsair Consulting LLC
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley, Monica <hr/> Contributor address; City; State; Zip Code FAIRFIELD, IA 52556	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Aeron Lifestyle Technology, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/130 Rpt: 54/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Andrew	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78702		
8 Principal occupation / Job title (See Instructions) Project Director		9 Employer (See Instructions) Texas Appleseed
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Andrew	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions) Project Director		Employer (See Instructions) Texas Appleseed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Andrew	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions) Project Director		Employer (See Instructions) Texas Appleseed
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Andrew	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions) Project Director		Employer (See Instructions) Texas Appleseed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Andrew	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions) Project Director		Employer (See Instructions) Texas Appleseed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/130 Rpt: 55/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Earl M <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Lucy <hr/> Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halady, Christian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Martial Arts		Employer (See Instructions) Martial Arts
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$50.00
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: 52/130 Rpt: 56/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Julie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Ops		9 Employer (See Instructions) Dell
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallgrimson, Anna	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Oregon City, OR 97045	
Principal occupation / Job title (See Instructions) Store manager		Employer (See Instructions) Ugg
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) City of Austin
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanke, Eric	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) Field Rep		Employer (See Instructions) TCDRS
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Tera	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
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: 53/130 Rpt: 57/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastedt, Margaret	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code College Station, TX 77845		
8 Principal occupation / Job title (See Instructions) technician		9 Employer (See Instructions) IODP
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastedt, Margaret	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) technician		Employer (See Instructions) IODP
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes-McMahon, Shellie	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Cedar park, TX 78613		
Principal occupation / Job title (See Instructions) DED		Employer (See Instructions) PPTV
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78746		
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: 54/130 Rpt: 58/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heigl, Kari <hr/> 6 Contributor address; City; State; Zip Code East Aurora, NY 14052	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Director of Funding		9 Employer (See Instructions) Community Services for Every1
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Judy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Judy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henneke, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) LSJA
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Virginia <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87507	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Santa Fe Bound REB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/130 Rpt: 59/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Virginia <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87507	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Santa Fe Bound REB
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cassandra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hernandez Law
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Olivia <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Digital Strategy		Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Gillian Rose <hr/> Contributor address; City; State; Zip Code Clarendon Hills, IL 60514	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Finance Associate		Employer (See Instructions) PAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/130 Rpt: 60/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojoza, Ambar	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Dallas, TX 75208		
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Ámbar Hinojoza
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Eileen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingshead, Anne	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingshead, Anne	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly, Ellen	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Elkhorn, WI 53121		
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: 57/130 Rpt: 61/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly, Ellen <hr/> 6 Contributor address; City; State; Zip Code Elkhorn, WI 53121	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horick, Hannah <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dir. of Edu & Partnerships		Employer (See Instructions) Crisis Center
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Wayne <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Wayne <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$52.00
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#: _____) Hunt, Melissa <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Technical Program Manager		Employer (See Instructions) Google

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/130 Rpt: 62/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurtado, Herlinda	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78201		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurtado, Herlinda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Antonio, TX 78201		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Marisa	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lake Travis ISD
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Marisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90019		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lake Travis ISD
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Marisa	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Austin, TX 78735		
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: 59/130 Rpt: 63/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idzik, Susie <hr/> 6 Contributor address; City; State; Zip Code Redwood City, CA 94062	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idzik, Susie <hr/> Contributor address; City; State; Zip Code Redwood City, CA 94062	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivy, Sylvia <hr/> Contributor address; City; State; Zip Code STREETMAN, TX 75859	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Erica <hr/> Contributor address; City; State; Zip Code Killeen, TX 76543	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) DFPS
Date 07/31/2023	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	Amount of Contribution (\$) \$100.00
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: 60/130 Rpt: 64/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefts, Heather <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/23/2023	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	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessen, Susan <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessen, Susan <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansson, Christina <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) ACC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/130 Rpt: 65/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Bette	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Bette	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Bette	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
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#: _____) John, Bette	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Bette	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/130 Rpt: 66/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Bette	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Glenda	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Parkin, AR 72373		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Glenda	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Parkin, AR 72373		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Cortney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78747		
Principal occupation / Job title (See Instructions) Social Work		Employer (See Instructions) Change 1
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Cortney	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78747		
Principal occupation / Job title (See Instructions) Social Work		Employer (See Instructions) Change1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/130 Rpt: 67/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Cortney <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78747	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Social Work		9 Employer (See Instructions) Change1
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Courtney <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Khoros
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Courtney <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Khoros
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy, Louise <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Joy & Young LLP
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia, Spann <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SAFE

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/130 Rpt: 68/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KETNER, DEBORAH	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code HOUSTON, TX 77017		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KETNER, DEBORAH	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code HOUSTON, TX 77017		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karle-Zenith, Lenny	Amount of Contribution (\$) \$3.33
Contributor address; City; State; Zip Code Ridgewood, NY 11385		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karle-Zenith, Lenny	Amount of Contribution (\$) \$3.33
Contributor address; City; State; Zip Code Ridgewood, NY 11385		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kawasaki, Guy	Amount of Contribution (\$) \$166.67
Contributor address; City; State; Zip Code Santa Cruz, CA 95062		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/130 Rpt: 69/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kawasaki, Guy <hr/> 6 Contributor address; City; State; Zip Code Santa Cruz, CA 95062	7 Amount of Contribution (\$) \$166.67
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellison, bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) UT Austin
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Larsen, Bridget <hr/> Contributor address; City; State; Zip Code DES MOINES, IA 50314	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Grocery		Employer (See Instructions) Trader Joes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/130 Rpt: 70/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Mark <hr/> 6 Contributor address; City; State; Zip Code Rancho Cucamonga, CA 91730	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Mark <hr/> Contributor address; City; State; Zip Code Rancho Cucamonga, CA 91730	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilduff, Britten <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilduff, Britten <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> Contributor address; City; State; Zip Code Glen Flora, TX 77443	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/130 Rpt: 71/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Pamela <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Avanade
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Pamela <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Managrt		Employer (See Instructions) Avanade
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiser, Keith <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kness, Julie <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) NTT Data
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knott, Donna <hr/> Contributor address; City; State; Zip Code Richmond, VA 23229	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Chesterfield public schools

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/130 Rpt: 72/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knue, David <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45238	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knue, David <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45238	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korgel, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korgel, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korgel, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/130 Rpt: 73/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosobud, Terry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Irma <hr/> Contributor address; City; State; Zip Code Newcastle, WA 98059	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Reg. Director Contracts		Employer (See Instructions) The Boeing Company
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Irma <hr/> Contributor address; City; State; Zip Code Newcastle, WA 98059	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Reg. Director Contracts		Employer (See Instructions) The Boeing Company
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhl, Kennneth <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) Leadership ISD
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhl, Kennneth <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126	Amount of Contribution (\$) \$52.00
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: 70/130 Rpt: 74/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulkarni, Vivek <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Strategist		9 Employer (See Instructions) Deloitte
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulkarni, Vivek <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Strategist		Employer (See Instructions) Deloitte
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutner, Jeanney <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30342	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutner, Jeanney <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30342	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyrish, Kathryn <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Educational Assistant		Employer (See Instructions) Round Rock ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/130 Rpt: 75/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L Mangan, Laura	7 Amount of Contribution (\$) \$33.33
6 Contributor address; City; State; Zip Code GILBERT, AZ 85299		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) SV Probe
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L Mangan, Laura	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code GILBERT, AZ 85299		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) SV Probe
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code AUSTIN, TX 78704		
Principal occupation / Job title (See Instructions) Esthetician		Employer (See Instructions) Self
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laeky, Meriam	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Nonprofit
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landfield, Katharine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Washington, DC 20016-4204		
Principal occupation / Job title (See Instructions) Budget Advocate		Employer (See Instructions) Fair Budget Coalition

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/130 Rpt: 76/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Luis <hr/> 6 Contributor address; City; State; Zip Code Eules, TX 76039	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Cook		9 Employer (See Instructions) Sodexo
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Luis <hr/> Contributor address; City; State; Zip Code Eules, TX 76039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Cook		Employer (See Instructions) Sodexo
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham Sikes, Dr. Chloe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78748-6522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy researcher		Employer (See Instructions) IDRA
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemieux, Doris <hr/> Contributor address; City; State; Zip Code Woodland Hills, CA 91367	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) County of Los Angeles
Date 07/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
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: 73/130 Rpt: 77/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levenson, Eve <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90049	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) DNC		9 Employer (See Instructions) Youth Coalitions Director
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levenson, Eve <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) DNC		Employer (See Instructions) Youth Coalitions Director
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewey, Bryant <hr/> Contributor address; City; State; Zip Code Temple, TX 76501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Hutto Fire Rescue
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5143	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) TAASA
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Ellen <hr/> Contributor address; City; State; Zip Code Aurora, CO 80014	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ellen Lewis, MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/130 Rpt: 78/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Michael <hr/> 6 Contributor address; City; State; Zip Code Lockhart, TX 78644	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) WalkMe
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Michael <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$100.00
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#: _____) Lindburg, Eileen <hr/> Contributor address; City; State; Zip Code South Bend, IN 46617	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linden, Gregory <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UC Berkeley
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linson, Andrea <hr/> Contributor address; City; State; Zip Code HUTTO, TX 78634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NRS IV		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/130 Rpt: 79/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa and Andy, Welch 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisenby, Grace Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Georgetown ISD
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loehman, Jon Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Javier Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Anonymous
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovell, Anthony Contributor address; City; State; Zip Code West Barnstable, MA 02668	Amount of Contribution (\$) \$7.00
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: 76/130 Rpt: 80/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubalin, Kendra	7 Amount of Contribution (\$) \$1.05
6 Contributor address; City; State; Zip Code Oakland, CA 94611-2046		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) BUSD
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubalin, Kendra	Amount of Contribution (\$) \$1.05
Contributor address; City; State; Zip Code Oakland, CA 94611		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) BUSD
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Rose, Kyle	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) Health Management Academy
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCULLUM, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Calumet City, IL 60409		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) March, Jonathan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions) software developer		Employer (See Instructions) Enthought

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/130 Rpt: 81/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Deborah <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$16.66
8 Principal occupation / Job title (See Instructions) Public relations		9 Employer (See Instructions) Alamo Community Colleges District
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Deborah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Alamo Community Colleges District
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Elizabeth <hr/> Contributor address; City; State; Zip Code Newburgh, NY 12550	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Denton's US LLP
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Elizabeth <hr/> Contributor address; City; State; Zip Code Newburgh, NY 12550	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Denton's US LLP
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Maria <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$500.00
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: 78/130 Rpt: 82/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Maria <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Maria <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Gilbert <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Juan <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-2729	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Sales SMB		Employer (See Instructions) Apple Inc.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Sue, Molnar <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223	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: 79/130 Rpt: 83/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Alfreida R <hr/> 6 Contributor address; City; State; Zip Code Fox Island, WA 98333	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Bullivant Houser Bailey
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Albert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) CG Infinity
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Eric <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) The Dallas Morning News
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlpine, Cheryl <hr/> Contributor address; City; State; Zip Code Edmond, OK 73025	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Sec/treas		Employer (See Instructions) Cheryl McAlpine
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClellan, Andria <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23507	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Councilmember		Employer (See Instructions) City of Norfolk

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/130 Rpt: 84/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEntire, Michelle <hr/> 6 Contributor address; City; State; Zip Code Elgin, OR 97827	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Software		9 Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrath, Beverly <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15229	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Vice President Human Resources		Employer (See Instructions) SCIO Health Analytics
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McSweeney, Maureen <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanna, Suzanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meacher, Linda <hr/> Contributor address; City; State; Zip Code Placitas, NM 87043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) scientist		Employer (See Instructions) none

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/130 Rpt: 85/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meacher, Linda <hr/> 6 Contributor address; City; State; Zip Code Placitas, NM 87043	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) scientist		9 Employer (See Instructions) none
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagher, Aedin <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) in house counsel		Employer (See Instructions) AllClear ID
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagher, Aedin <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652	Amount of Contribution (\$) \$100.00
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#: _____) Meehan, Katherine <hr/> Contributor address; City; State; Zip Code Golden Valley, MN 55422	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehigan, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Counsel		Employer (See Instructions) TEL

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/130 Rpt: 86/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merfish, Brett <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) Texas Appleseed
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, James <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Film
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, James <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231	Amount of Contribution (\$) \$100.00
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#: _____) Miller, Lynda <hr/> Contributor address; City; State; Zip Code HUTTO, TX 78634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Zack <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/130 Rpt: 87/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minck, Susan <hr/> 6 Contributor address; City; State; Zip Code Georgetown, SC 29440	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minniefeld, Shaon <hr/> Contributor address; City; State; Zip Code Louisville, KY 40211	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza, Sahar <hr/> Contributor address; City; State; Zip Code Columbus, OH 43214	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Hostess		Employer (See Instructions) The Kee
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	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: 84/130 Rpt: 88/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Julia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Chief of Staff		9 Employer (See Instructions) City of Austin
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Jane <hr/> Contributor address; City; State; Zip Code Tiverton, RI 02878	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kassie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Cory <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) University
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Cory <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) University

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/130 Rpt: 89/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Mark	7 Amount of Contribution (\$) \$52.00
6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrisey, Maureen	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Mt Kisco, NY 10549		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrisey, Maureen	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Mt Kisco, NY 10549		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Donna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Boxborough, MA 01719		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Donna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Boxborough, MA 01719		
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: 86/130 Rpt: 90/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neas, Gerald <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74159	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, PhuongMai <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92802	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Director of Special Events		Employer (See Instructions) Planned Parenthood Los Angeles
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, PhuongMai <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92802	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Director of Special Events		Employer (See Instructions) Planned Parenthood Los Angeles
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Jason <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novello, Robert <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
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: 87/130 Rpt: 91/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Liddy, Patrick <hr/> 6 Contributor address; City; State; Zip Code Thornton, CO 80260	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Logistics Service Representative		9 Employer (See Instructions) MedSpeed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Liddy, Patrick <hr/> Contributor address; City; State; Zip Code Thornton, CO 80260	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Logistics Service Representative		Employer (See Instructions) MedSpeed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBrien, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Javier <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Dishwasher		Employer (See Instructions) Texas Roadhouse
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Ground Game Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/130 Rpt: 92/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78722		
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Ground Game Texas
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78722		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Executive Director		Ground Game Texas
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78722		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Executive Director		Ground Game Texas
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orkun, Maria	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code ROUND ROCK, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Special Projects Manager		TIADA
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orkun, Maria	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code ROUND ROCK, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Special Projects Manager		TIADA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/130 Rpt: 93/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orkun , Maria <hr/> 6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	7 Amount of Contribution (\$) \$52.00
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#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Angela <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Systems Analyst		Employer (See Instructions) Texas HHSC
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Angela <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Systems Analyst		Employer (See Instructions) Texas HHS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/130 Rpt: 94/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Angela <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Systems Analyst		9 Employer (See Instructions) Texas HHS
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Angela <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	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#: _____) Parkhurst, Lalena <hr/> Contributor address; City; State; Zip Code Rochester, NY 14621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) CDW
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkhurst, Lalena <hr/> Contributor address; City; State; Zip Code Rochester, NY 14621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CDW		Employer (See Instructions) Technology
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Yolanda <hr/> Contributor address; City; State; Zip Code Manassas, VA 20110	Amount of Contribution (\$) \$7.00
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: 91/130 Rpt: 95/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passion, Scott <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pamela <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Rhonda <hr/> Contributor address; City; State; Zip Code Henderson, NV 89012	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Claims Adjuster		Employer (See Instructions) State Farm
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penney, Brianna <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Cisco
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penney, Brianna <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	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: 92/130 Rpt: 96/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettis, Tyleree <hr/> 6 Contributor address; City; State; Zip Code Littleton, CO 80127	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Robert <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology Leader		Employer (See Instructions) Dell Technologies
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Robert <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology Leader		Employer (See Instructions) Dell Technologies
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Robert <hr/> Contributor address; City; State; Zip Code Round Rock , TX 78681	Amount of Contribution (\$) \$100.00
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#: _____) Pfeil, Rick <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$100.00
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: 93/130 Rpt: 97/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kathryn	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Granite Shoals, TX 78654		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kathryn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Granite Shoals, TX 78654		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinney, Leah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) Texas Center for Justice and Equity
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pixton, Carol	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Claremont, CA 91711		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pixton, Carol	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Claremont, CA 91711		
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: 94/130 Rpt: 98/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portley, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CDO		9 Employer (See Instructions) Caritas of Austin
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) MVP
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) SAIC		Employer (See Instructions) En route instructor
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Annette <hr/> Contributor address; City; State; Zip Code Del Mar, CA 92014	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Holly <hr/> Contributor address; City; State; Zip Code Nashville, TN 37204	Amount of Contribution (\$) \$5.00
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: 95/130 Rpt: 99/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rackley, Peggy <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Kim <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Intern		Employer (See Instructions) LPI
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Kim <hr/> Contributor address; City; State; Zip Code GEORGETOWN, TX 78628-2732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) UT Austin
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Kim <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Intern		Employer (See Instructions) LPI
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph , Kim <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	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: 96/130 Rpt: 100/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramey, Melissa <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Facility Maintenance		9 Employer (See Instructions) Cushman Wakefield
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Martha <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Lauren <hr/> Contributor address; City; State; Zip Code pflugerville, TX 78660	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Communications, Campaigns, and Partnerships Manager		Employer (See Instructions) Supermajority
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Lauren <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$52.00
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#: _____) Ranjeet, Segeda <hr/> Contributor address; City; State; Zip Code Grayson, GA 30017	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Warner Bros. Discovery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/130 Rpt: 101/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Realini, Janet <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78255	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Realini, Janet <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaney, Billie <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Laurie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Sharon <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Christen's Gourmet Pralines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/130 Rpt: 102/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickel, Pamela <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) 98th Meridian Real Estate Sales
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickel, Pamela <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) 98th Meridian Real Estate Sales
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigling, Paula <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) Meeting Planning Professionals
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Robert <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Larry <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$100.00
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: 99/130 Rpt: 103/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roche, Coleen	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Bedford, TX 76021		
8 Principal occupation / Job title (See Instructions) Student Affairs Administrator		9 Employer (See Instructions) Southwestern University
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Luis	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Lemon Grove, CA 91945		
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Withheld
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, James	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76109		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogat, Edie	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogat, Edie	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Austin, TX 78703		
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: 100/130 Rpt: 104/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogat, Edie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Andrei <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Blackbaud
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Carol L. <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Professor Emerita		Employer (See Instructions) University of Maryland
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Carol L. <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Professor Emerita		Employer (See Instructions) University of Maryland
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kaitlin <hr/> Contributor address; City; State; Zip Code Lake Bluff, IL 60044	Amount of Contribution (\$) \$25.00
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: 101/130 Rpt: 105/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85750	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Janet Bente <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Performance Improvement Analyst		Employer (See Instructions) FL Dept of Children & Families
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Janet Bente <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Performance Improvement Analyst		Employer (See Instructions) FL Dept of Children & Families
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roquemore, Suzanne and Wade <hr/> Contributor address; City; State; Zip Code Gerogetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Robert <hr/> Contributor address; City; State; Zip Code De Pere, WI 54115	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Blue Pearl Veterinary Specialists

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/130 Rpt: 106/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINER JOHNSON, TINA <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) RRISD
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINER JOHNSON, TINA <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) RRISD
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabo, Helen <hr/> Contributor address; City; State; Zip Code Poway, CA 92064	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Ramon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sams, Bobby <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/130 Rpt: 107/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuels, Gail	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Taylor, TX 76574		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuels, Gail	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandrea, Shannon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) SAFE
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schapira, Susan	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Monroe, OR 97456		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheibe, Brooke	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/130 Rpt: 108/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schendel, Lynne <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Passion <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Measure
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Passion <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Measure
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Passion <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Measure
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Passion <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Measure

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/130 Rpt: 109/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Passion <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) Measure
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Sue <hr/> Contributor address; City; State; Zip Code St. Louis Park, MN 55416	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Actor/Podcast Producer		Employer (See Instructions) Sue Scott
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Vaughan <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) University of Texas
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severinson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shellhorn, Barbara <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Michael	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78757		
8 Principal occupation / Job title (See Instructions) Political Director		9 Employer (See Instructions) Ground Game Texas
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel , Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78757		
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#: _____) Singleton, Desilva	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code houston, TX 77033		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Medina Valley ISD
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Desilva	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77033		
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#: _____) Singleton, Vickey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77066		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) ADT

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2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skelton, Rebekah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Policy Intern		9 Employer (See Instructions) IDRA
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Patsy <hr/> Contributor address; City; State; Zip Code Portland, OR 97206	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Operations and scheduling coordinator		Employer (See Instructions) DUS
Date 11/30/2023	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	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Walker Partners
Date 11/06/2023	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	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Walker Partners
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Dorothy <hr/> Contributor address; City; State; Zip Code Mount Sinai, NY 11766	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Nycdoe

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/130 Rpt: 112/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Mount Sinai, NY 11766	7 Amount of Contribution (\$) \$1.05
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Nycdoe
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Douglas <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2782	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) D-degree Coaching
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smolen, Paul <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Amy <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola, Anissa H <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExxonMobil

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/130 Rpt: 113/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Julia	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78751		
8 Principal occupation / Job title (See Instructions) co-CEO		9 Employer (See Instructions) The SAFE Alliance
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spooner, Kendall	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code ARLINGTON, TX 76010		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AP
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steih, Gail	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code Ann Arbor, MI 48104		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Tina	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) RRISD
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner Johnson, Tina	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) RRISD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/130 Rpt: 114/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiltner, Nick <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76542	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stock, Nancy <hr/> Contributor address; City; State; Zip Code Woodridge, IL 60517	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Asset mgmt		Employer (See Instructions) IBM
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stotz, Beverly <hr/> Contributor address; City; State; Zip Code Las Cruces, NM 88005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strasburger, Eva <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strasburger, Eva <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	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: 111/130 Rpt: 115/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuard, Anne <hr/> 6 Contributor address; City; State; Zip Code Lampasas, TX 76550	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuard, Anne <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$25.00
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#: _____) Styles, Jameila <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Caitlin <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Joel and Elisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$60.00
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: 112/130 Rpt: 116/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Karen <hr/> Contributor address; City; State; Zip Code Austin , TX 78723	Amount of Contribution (\$) \$100.00
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#: _____) Tau, Jocelyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) U.S. House of Representatives
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tau, Jocelyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clifton <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clinical Therapist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/130 Rpt: 117/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kristi <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Supreme Court
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Mackenzie <hr/> Contributor address; City; State; Zip Code Hopkins, MN 55305	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Disability		Employer (See Instructions) State
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Mackenzie <hr/> Contributor address; City; State; Zip Code Hopkins, MN 55305	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Disability		Employer (See Instructions) State
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jolsna <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President of corporate foundation		Employer (See Instructions) Rosendin

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2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jolsna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78725	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Nydia <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Non-Profit
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Julia <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Na'Cole <hr/> Contributor address; City; State; Zip Code Cedar park, TX 78630	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thowfeek, Tariq <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Seeker Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/130 Rpt: 119/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierney, Jan <hr/> 6 Contributor address; City; State; Zip Code Lockhart, TX 78644	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) USEPA
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim & Annette, Bargainer <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Half Assoc.
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Titus, Dustin <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy		Employer (See Instructions) Coalition of Texans with Disabilities
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Project Director		Employer (See Instructions) Lioness

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/130 Rpt: 120/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer	7 Amount of Contribution (\$) \$52.00
	6 Contributor address; City; State; Zip Code Austin, TX 78753	
8 Principal occupation / Job title (See Instructions) Policy Fellow		9 Employer (See Instructions) CTD
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Policy Fellow		Employer (See Instructions) Coalition of Texans with Disabilities
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Policy		Employer (See Instructions) Coalition of Texans with Disabilities
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Policy Fellow		Employer (See Instructions) CTD
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toon, Jennifer	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Policy Fellow		Employer (See Instructions) Coalition of Texans with Disabilities

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/130 Rpt: 121/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, David	7 Amount of Contribution (\$) \$16.67
6 Contributor address; City; State; Zip Code Brentwood, CA 94513		
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions) Santa Clara public schools
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, David	Amount of Contribution (\$) \$16.67
Contributor address; City; State; Zip Code Brentwood, CA 94513		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Santa Clara public schools
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Towery, April	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wylie, TX 75098		
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) CandysDirt.com
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traube, Esmeralda	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Architect.		Employer (See Instructions) Dell
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tredici, Michele	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Colonia, NJ 07067		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) ALL-STATE International

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/130 Rpt: 122/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trentham, Michael	7 Amount of Contribution (\$) \$33.33
6 Contributor address; City; State; Zip Code New York, NY 10010		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Mars and Co.
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschoepe, Christian	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Zendesk
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tully, Christine	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code alexandria, VA 22306		
Principal occupation / Job title (See Instructions) Program analyst		Employer (See Instructions) US NAVY/NAVSEA
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turlish, Cora	Amount of Contribution (\$) \$16.67
Contributor address; City; State; Zip Code Metuchen, NJ 08840		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Rutgers Prep School
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrrell, Pamela	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Denver, CO 80207		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/130 Rpt: 123/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V Fountain, Cindy <hr/> 6 Contributor address; City; State; Zip Code Cleburne, TX 76033	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retail Merchandiser		9 Employer (See Instructions) Crossmark
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V Fountain, Cindy <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retail Merchandiser		Employer (See Instructions) Crossmark
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Horn, Karen <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Winkle, Laura <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UC Davis
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Winkle, Laura <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UC Davis

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/130 Rpt: 124/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Lesley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Attorney/Executive		9 Employer (See Instructions) Safe Alliance
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Lesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa, Ilaeka <hr/> Contributor address; City; State; Zip Code Dunsmuir, CA 96025	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogas, Joseph <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Software Product Owner		Employer (See Instructions) clear Correct
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Stephanie <hr/> Contributor address; City; State; Zip Code Dover, NH 03820	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/130 Rpt: 125/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W WALKER, CLIFF <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Co-founder		9 Employer (See Instructions) Seeker Strategies
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waites, Jessica <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wally, Liz <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Clean Elections Texas
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walther, Linda <hr/> Contributor address; City; State; Zip Code St Paul, MN 55104	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Regions hospital
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Shenghao <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Shenghao Wang

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/130 Rpt: 126/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherbee, Noel <hr/> 6 Contributor address; City; State; Zip Code Acton, MA 01720	7 Amount of Contribution (\$) \$1.67
8 Principal occupation / Job title (See Instructions) Billing		9 Employer (See Instructions) Economised time services
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Alanna <hr/> Contributor address; City; State; Zip Code Hutti, TX 78634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Multicare
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wegener, Kyleigh <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49001	Amount of Contribution (\$) \$3.33
Principal occupation / Job title (See Instructions) Communications Analyst		Employer (See Instructions) Stryker
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central texas ob-gyn association
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wev, Elissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dallas County District Attorneys Office

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/130 Rpt: 127/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) LIFT Alliance
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LIFT Alliance
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LIFT Alliance
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LIFT Alliance
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LIFT Alliance

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/130 Rpt: 128/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) LIFT Alliance
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LIFT Alliance
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	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#: _____) Wilkins, Shelly <hr/> Contributor address; City; State; Zip Code Richmond, VA 23235	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Mary <hr/> Contributor address; City; State; Zip Code Brazoria, TX 77422	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/130 Rpt: 129/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Naomi	7 Amount of Contribution (\$) \$1.67
6 Contributor address; City; State; Zip Code Santa Cruz, CA 95062		
8 Principal occupation / Job title (See Instructions) Lecturer		9 Employer (See Instructions) San Jose State University
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Ann	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code White River Junction, VT 05001		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Dartmouth Health
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolhart, Dayna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code St Paul, MN 55116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) McAfee
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolhart, Dayna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code St Paul, MN 55116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) McAfee

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/130 Rpt: 130/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Karen <hr/> 6 Contributor address; City; State; Zip Code Indianapolis, IN 46250	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) First Financial Bank
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Wade <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, Diana <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94110	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Freshworks
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagjian, Marc <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) venture capital		Employer (See Instructions) Origin Partners
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagjian, Marc <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) venture capital		Employer (See Instructions) Origin Partners

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/130 Rpt: 131/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Mary <hr/> 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoder, Susan <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yovan, Margaret <hr/> Contributor address; City; State; Zip Code Portland, OR 97214	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Procurement Agent		Employer (See Instructions) Clario
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Claire <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Claire <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/130 Rpt: 132/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolno, Peter <hr/> 6 Contributor address; City; State; Zip Code Whanganui 4500 New Zealand	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions) Ben Zolno
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuniga, Jose <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Austin isd
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zurkammer, Jackie <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Patient Rep		Employer (See Instructions) American cancer society
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bradlow, lisa <hr/> Contributor address; City; State; Zip Code scarsdale, NY 10583	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Vincent, Lisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/130 Rpt: 133/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ellis, cynthia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Elgin, TX 78621		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) internicola, jennifer	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Brookline, MA 02446		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Logix, Inc.
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kelley, Susan	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code Lakewood, OH 44107		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kleinman, michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code austin, TX 78711		
Principal occupation / Job title (See Instructions) retail		Employer (See Instructions) mlk llc
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) neas, gerald	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code tulsa, OK 74159		
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: 130/130 Rpt: 134/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) steeg, pamela <hr/> 6 Contributor address; City; State; Zip Code New Orleans, LA 70118	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) vanVoorhis, Jill <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) corporate strategist		Employer (See Instructions) self

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/3 Rpt: 135/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/12/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Angel	9 Loan Amount (\$) \$104.60
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Hutto, TX 78634	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 09/30/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Angel	Loan Amount (\$) \$95.33
Is lender a financial institution? No	Lender address; City; State; Zip Code Hutto, TX 78634	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/3 Rpt: 136/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/30/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Angel	9 Loan Amount (\$) \$96.94
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Hutto, TX 78634	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 11/30/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Angel	Loan Amount (\$) \$96.94
Is lender a financial institution? No	Lender address; City; State; Zip Code Hutto, TX 78634	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/3 Rpt: 137/186
2 FILER NAME Carroll, Angel (Ms.)		3 Filer ID (Ethics Commission Filers) 00087746
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/31/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Angel	9 Loan Amount (\$) \$120.11
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Hutto, TX 78634	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/23/2023	5 Payee name 7-Eleven - Gas	
6 Amount (\$) \$65.80	7 Payee address; City; State; Zip Code 3000 North A. W. Grimes Georgetown, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name 7-Eleven	
Amount (\$) \$33.45	Payee address; City; State; Zip Code 3716 Maple Ave Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2023	Payee name ACTBlue Civics 4 Donation	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Ticket
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: 2/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 12/01/2023	5 Payee name AT&T
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6 Amount (\$) \$125.93	7 Payee address; City; State; Zip Code 1103 Rivery Blvd. Ste 130 Georgetown, TX 78628
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Phone
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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 12/05/2023	Payee name Act Blue
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
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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 Act Blue Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/02/2023	Payee name ActBlue Technical Services
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Amount (\$) \$2.97	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
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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 Act Blue Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 3/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/09/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2023	Payee name ActBlue Technical Services	
Amount (\$) \$7.91	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2023	Payee name ActBlue Technical Services	
Amount (\$) \$7.91	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 4/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/30/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$16.20	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 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 Technical Services	
Amount (\$) \$8.31	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2023	Payee name ActBlue Technical Services	
Amount (\$) \$24.87	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 5/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/20/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$22.22	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2023	Payee name ActBlue Technical Services	
Amount (\$) \$51.36	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
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 Technical Services	
Amount (\$) \$26.14	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 6/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/15/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$37.65	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 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 Technical Services	
Amount (\$) \$33.69	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2023	Payee name ActBlue Technical Services	
Amount (\$) \$1.27	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 7/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 09/30/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$62.46	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2023	Payee name ActBlue Technical Services
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Amount (\$) \$30.03	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
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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 Act Blue Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2023	Payee name ActBlue Technical Services
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Amount (\$) \$35.15	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
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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 Act Blue Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 8/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/22/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$18.26	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2023	Payee name ActBlue Technical Services	
Amount (\$) \$181.37	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2023	Payee name ActBlue Technical Services	
Amount (\$) \$6.53	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 9/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/12/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$51.66	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2023	Payee name ActBlue Technical Services	
Amount (\$) \$142.65	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2023	Payee name ActBlue Technical Services	
Amount (\$) \$37.72	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 10/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/03/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$41.53	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2023	Payee name ActBlue Technical Services	
Amount (\$) \$65.76	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2023	Payee name ActBlue Technical Services	
Amount (\$) \$89.15	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue 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: 11/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/24/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$63.20	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name ActBlue Technical Services	
Amount (\$) \$117.81	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
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 Act Blue Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name Aldi	
Amount (\$) \$30.16	Payee address; City; State; Zip Code 926 W University Ave Georgetown, TX 78626	
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 Food
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: 12/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/03/2023	5 Payee name Austin City Hall Parking	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 301 W 2nd S Austin, TX 78701	
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 Parking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2023	Payee name Blue Victory Communications	
Amount (\$) \$1,894.38	Payee address; City; State; Zip Code 1500 Crossing Pl Austin, TX 78741	
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 Website Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name CEFCO	
Amount (\$) \$24.07	Payee address; City; State; Zip Code 5601 Bagby Ave Waco, TX 76711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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: 13/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/29/2023	5 Payee name CEFCO	
6 Amount (\$) \$7.57	7 Payee address; City; State; Zip Code 5601 Bagby Ave Waco, TX 76711	
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 Food and Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name COA Parking	
Amount (\$) \$11.50	Payee address; City; State; Zip Code 301 W. 2nd St. Austin, TX 78701	
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 Event Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2023	Payee name Callitect LLC	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2300 Wolf Ranch Pkwy Apt. 1202 Georgetown, TX 78682	
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 Campaign Design
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: 14/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/08/2023	5 Payee name Canva US Inc.	
6 Amount (\$) \$119.99	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Building 1 Suite 1300 Austin, TX 78702	
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 Digital Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name Cherrywood Coffeehouse	
Amount (\$) \$13.41	Payee address; City; State; Zip Code 1400 E 38th 12 St Austin, TX 78722	
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 and Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2023	Payee name Cherrywood Coffeehouse	
Amount (\$) \$11.52	Payee address; City; State; Zip Code 1400 E 38th 1/2 St Austin, TX 78722	
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 and Beverage Expense
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: 15/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/17/2023	5 Payee name Costco Wholesale	
6 Amount (\$) \$42.76	7 Payee address; City; State; Zip Code 1901 Kelly Lane Pflugerville, TX 78660	
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 Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2023	Payee name Costco Wholesale	
Amount (\$) \$62.75	Payee address; City; State; Zip Code PO Box 34331 Seattle, WA 98124	
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 Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2023	Payee name Costco Wholesale	
Amount (\$) \$217.53	Payee address; City; State; Zip Code PO Box 34331 Seattle, WA 98124	
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 Stamps
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: 16/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/24/2023	5 Payee name Costco Wholesale	
6 Amount (\$) \$40.11	7 Payee address; City; State; Zip Code 1901 Kelly Lane Pflugerville, TX 78660	
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 Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name Del Sur Tacos	
Amount (\$) \$531.00	Payee address; City; State; Zip Code 720 E Jefferson Blvd Dallas, TX 75203	
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 Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name Easy Tiger Linc	
Amount (\$) \$13.02	Payee address; City; State; Zip Code 6406 N Interstate 35 Frontage Rd. #1100 Austin, TX 78752	
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 and Beverage Expense
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: 17/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 10/18/2023	5 Payee name Easy Tiger
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6 Amount (\$) \$20.16	7 Payee address; City; State; Zip Code 6406 N Interstate 35 Frontage Rd. #1100 Austin, TX 78752
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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 Food and Beverage Expense
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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 12/04/2023	Payee name Fast n Fuel
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Amount (\$) \$32.47	Payee address; City; State; Zip Code 4420 University Blvd #100 Round Rock, TX 78665
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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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 08/31/2023	Payee name Frost Bank
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 2710 La Frontera Blvd Round Rock, TX 78681
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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 Bank Monthly 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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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: 18/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/29/2023	5 Payee name Frost Bank	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 2710 La Frontera Blvd Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Monthly Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2023	Payee name Good Stranger	
Amount (\$) \$7.50	Payee address; City; State; Zip Code 114 W 2nd Street Taylor, TX 76574	
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 and Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2023	Payee name Good Stranger	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 114 W 2nd Street Taylor, TX 76574	
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 and Beverage Expense
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: 19/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/04/2023	5 Payee name Google Domains	
6 Amount (\$) \$16.81	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Domain Workspace
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name Google	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Domain Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Google	
Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Domain Workspace
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: 20/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/05/2023	5 Payee name Google	
6 Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Domain Workspace
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Google	
Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Domain Workspace
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name H-E-B Gas	
Amount (\$) \$40.87	Payee address; City; State; Zip Code 5008 Gattis School Road Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related 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 Travel Expense
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: 21/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/12/2023	5 Payee name H-E-B Gas	
6 Amount (\$) \$36.40	7 Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name H-E-B Gas	
Amount (\$) \$43.01	Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name H-E-B Gas	
Amount (\$) \$25.69	Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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: 22/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 10/19/2023	5 Payee name H-E-B Gas
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6 Amount (\$) \$28.52	7 Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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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 10/23/2023	Payee name H-E-B Gas
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Amount (\$) \$31.20	Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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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 09/19/2023	Payee name H-E-B
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Amount (\$) \$12.39	Payee address; City; State; Zip Code 5001 Gattis School Rd Hutto, TX 78634
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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 and Beverage Expense
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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: 23/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/29/2023	5 Payee name H-E-B	
6 Amount (\$) \$27.01	7 Payee address; City; State; Zip Code 16900 RANCH ROAD 620 Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name H-E-B	
Amount (\$) \$117.87	Payee address; City; State; Zip Code 1010 W. UNIVERSITY AVE. Georgetown, TX 78628	
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 Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name HEB - Gas	
Amount (\$) \$29.98	Payee address; City; State; Zip Code 5000 Gattis School Rd. Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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: 24/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 12/15/2023	5 Payee name HEB
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6 Amount (\$) \$29.39	7 Payee address; City; State; Zip Code 5008 Gattis School Road Hutto, TX 78634
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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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 12/21/2023	Payee name HEB
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Amount (\$) \$30.26	Payee address; City; State; Zip Code 5008 Gattis School Road Hutto, TX 78634
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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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 10/02/2023	Payee name Hobby-Lobby
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Amount (\$) \$55.51	Payee address; City; State; Zip Code 130 Sundance Pkwy #200 Round Rock, TX 78681
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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 Materials
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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: 25/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 11/15/2023	5 Payee name Hula Hut
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6 Amount (\$) \$60.92	7 Payee address; City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703
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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 Food and Beverage Expense
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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 12/11/2023	Payee name Hyatt Regency
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 207 Barton Springs Rd Austin, TX 78704
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(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 Parking
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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 12/11/2023	Payee name Hyatt Regency
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Amount (\$) \$28.81	Payee address; City; State; Zip Code 207 Barton Springs Rd Austin, TX 78704
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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 Event Food
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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: 26/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 08/01/2023	5 Payee name Jewel Consulting	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 4711 E. Riverside Dr. Apt. 1228 Austin, TX 78741	
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 Payroll Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2023	Payee name Jewel Consulting	
Amount (\$) \$2,712.84	Payee address; City; State; Zip Code 4711 E. Riverside Dr. Apt. 1228 Austin, TX 78741	
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 Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Jewel Consulting	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4711 E. Riverside Dr. Apt. 1228 Austin, TX 78741	
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 Payroll
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: 27/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 12/07/2023	5 Payee name LAZ Parking
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6 Amount (\$) \$23.80	7 Payee address; City; State; Zip Code 51 Rainey St Austin, TX 78701
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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 Parking
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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 10/02/2023	Payee name Lamppost Coffee
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Amount (\$) \$16.66	Payee address; City; State; Zip Code 1205 Round Rock Ave Round Rock, TX 78681
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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 and Beverage Expense
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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 10/30/2023	Payee name Lamppost Coffee
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Amount (\$) \$8.40	Payee address; City; State; Zip Code 1205 Round Rock Ave. Round Rock, TX 78681
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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 Food and Beverage Expense
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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: 28/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/04/2023	5 Payee name Love's # 0719	
6 Amount (\$) \$27.85	7 Payee address; City; State; Zip Code 1610 Cotton Gin Rd Troy, TX 76579	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 11/16/2023	Payee name Lyft	
Amount (\$) \$37.63	Payee address; City; State; Zip Code 185 Berry Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related 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 Travel Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Madam Mam's	
Amount (\$) \$37.48	Payee address; City; State; Zip Code 510 W. 26th St. Austin, TX 78705	
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 and Beverage Expense
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: 29/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/06/2023	5 Payee name Mailchimp	
6 Amount (\$) \$28.25	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	
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 Email Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Mailchimp	
Amount (\$) \$28.25	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	
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 Email Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Mailchimp	
Amount (\$) \$19.72	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	
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 Email Software
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: 30/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 07/28/2023	5 Payee name Office Depot
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6 Amount (\$) \$103.87	7 Payee address; City; State; Zip Code 19000 Limestone Commercial Dr Suite 500 Pflugerville, TX 78660
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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 Office Supplies
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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 Office Depot
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Amount (\$) \$5.19	Payee address; City; State; Zip Code 19000 Limestone Commercial Dr Suite 500 Pflugerville, TX 78660
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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
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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 08/07/2023	Payee name Office Depot
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Amount (\$) \$148.84	Payee address; City; State; Zip Code 19000 Limestone Commercial Dr Pflugerville, TX 78660
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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
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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: 31/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 08/07/2023	5 Payee name Office Depot
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6 Amount (\$) \$25.11	7 Payee address; City; State; Zip Code 19000 Limestone Commercial Dr Pflugerville, TX 78660
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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 Office Supplies
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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 09/05/2023	Payee name Office Depot
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Amount (\$) \$5.85	Payee address; City; State; Zip Code 19000 Limestone Commercial Dr Suite 500 Pflugerville, TX 78660
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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 Office Supplies
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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 Office Depot
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Amount (\$) \$25.98	Payee address; City; State; Zip Code 19001 Limestone Commercial Dr Suite 501 Pflugerville, TX 78660
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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 Office Supplies
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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: 32/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/05/2023	5 Payee name Office Depot	
6 Amount (\$) \$26.04	7 Payee address; City; State; Zip Code 19002 Limestone Commercial Dr Suite 502 Pflugerville, TX 78660	
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 Office Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Office Depot	
Amount (\$) \$92.12	Payee address; City; State; Zip Code 1013 W University Ave, Georgetown, TX 78628	
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 Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Office Depot	
Amount (\$) \$21.31	Payee address; City; State; Zip Code 19000 Limestone Commercial Dr Pflugerville, TX 78660	
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 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: 33/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/07/2023	5 Payee name Office Depot	
6 Amount (\$) \$168.03	7 Payee address; City; State; Zip Code 18700 Limestone Commercial Drive Pflugerville, TX 78660	
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 Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2023	Payee name Office Depot	
Amount (\$) \$10.15	Payee address; City; State; Zip Code 2415 N Haskell Ave Dallas, TX 75204	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name Parking Management	
Amount (\$) \$17.33	Payee address; City; State; Zip Code 500 E 4th St Austin, TX 78701	
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 Event Parking
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: 34/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/29/2023	5 Payee name Party City	
6 Amount (\$) \$79.24	7 Payee address; City; State; Zip Code 2601 S I-35 Frontage Rd #100 Round Rock, TX 78664	
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 Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Party City	
Amount (\$) \$17.86	Payee address; City; State; Zip Code 2601 S I-35 Frontage Rd #100 Round Rock, TX 78664	
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 Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Party City	
Amount (\$) \$117.99	Payee address; City; State; Zip Code 2601 S I-35 Frontage Rd #100 Round Rock, TX 78664	
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 Materials
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: 35/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 07/14/2023	5 Payee name Pheelosophy, LLC	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 2707 Whispering Ct Sugarland, TX 77498	
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 Campaign Design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2023	Payee name PhoneBurner	
Amount (\$) \$158.83	Payee address; City; State; Zip Code 1968 S. Coast Hwy Suite 1800 Laguna Beach, CA 92651	
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 Dialer Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name PhoneBurner	
Amount (\$) \$158.83	Payee address; City; State; Zip Code 1968 S. Coast Hwy Suite 1800 Laguna Beach, CA 92651	
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 Dialer 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: 36/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 09/28/2023	5 Payee name PhoneBurner
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6 Amount (\$) \$150.89	7 Payee address; City; State; Zip Code 1968 S. Coast Hwy Suite 1800 Laguna Beach, CA 92651
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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 Dialer 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 (\$) \$150.89	Payee address; City; State; Zip Code 1968 S. Coast Hwy, Suite 1800 Laguna Beach, CA 92651
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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 Dialer 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 11/30/2023	Payee name PhoneBurner
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Amount (\$) \$150.89	Payee address; City; State; Zip Code 1968 S. Coast Hwy, Suite 1800 Laguna Beach, CA 92651
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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 Dialer 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: 37/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/28/2023	5 Payee name PhoneBurner	
6 Amount (\$) \$150.89	7 Payee address; City; State; Zip Code 1968 S. Coast Hwy, Suite 1800 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 Dialer Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Progress Texas	
Amount (\$) \$50.00	Payee address; City; State; Zip Code PO Box 132162 Dallas, TX 75313	
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 Event Ticket
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Randalls	
Amount (\$) \$210.36	Payee address; City; State; Zip Code 5721 Williams Dr Georgetown, TX 78633	
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 Food
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: 38/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 09/18/2023	5 Payee name Round Rock Express	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 3400 E Palm Valley Blvd Round Rock, TX 78665	
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 Ticket
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Round Rock Express	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3401 E Palm Valley Blvd Round Rock, TX 78665	
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 Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2023	Payee name Round Rock Public Library	
Amount (\$) \$130.00	Payee address; City; State; Zip Code 200 E. Liberty. Round Rock, TX 78664	
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 Fee
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: 39/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 07/24/2023	5 Payee name Shell Gas
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6 Amount (\$) \$3.99	7 Payee address; City; State; Zip Code 190 Kelly Lane Pflugerville, TX 78660
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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 Ice for Event
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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 07/24/2023	Payee name Shell Gas
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Amount (\$) \$3.99	Payee address; City; State; Zip Code 190 Kelly Lane Pflugerville, TX 78660
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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 Ice for Event
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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 12/15/2023	Payee name Shell
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Amount (\$) \$27.66	Payee address; City; State; Zip Code 958 W University Ave Georgetown, TX 78626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Gas
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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: 40/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/04/2023	5 Payee name Sonic	
6 Amount (\$) \$13.81	7 Payee address; City; State; Zip Code 1322 Corsicana Hwy Hillsboro, TX 76645	
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 Food and Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name Standard Proof	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 51 Rainey St Suite 140-A Austin, TX 78701	
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 and Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2023	Payee name Sun City Democrats	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1530 Sun City Blvd. Suite 120, PMB 432 Georgetown, TX 78633	
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 Event Ticket
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: 41/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/04/2023	5 Payee name TOWNE Park LTD #0352 Dallas	
6 Amount (\$) \$16.24	7 Payee address; City; State; Zip Code 12720 Merit Dr Dallas, TX 75251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(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 Parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2023	Payee name Target	
Amount (\$) \$64.94	Payee address; City; State; Zip Code 18700 Limestone Commercial Drive Pflugerville, TX 78660	
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 Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Texas Democratic Party	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Acquisition Software
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: 42/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 10/19/2023	5 Payee name The Line Austin
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6 Amount (\$) \$16.24	7 Payee address; City; State; Zip Code 111 E Cesar Chavez St Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Parking
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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 10/23/2023	Payee name The Line Austin
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Amount (\$) \$16.24	Payee address; City; State; Zip Code 111 E Cesar Chavez St Austin, TX 78701
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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 Event Parking
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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 08/10/2023	Payee name The UPS Store
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Amount (\$) \$26.09	Payee address; City; State; Zip Code 5000 Gattis School Rd. Ste 100 Hutto, TX 78634
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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
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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: 43/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/10/2023	5 Payee name Trent, Kennithia	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1001 E. University Ave. #7463 Georgetown, TX 78626	
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 Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name Trent, Kennithia	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1001 E. University Ave. #7463 Georgetown, TX 78626	
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 Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name Trent, Kennithia	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1001 E. University Ave. #7463 Georgetown, TX 78626	
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 Payroll
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: 44/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/17/2023	5 Payee name USPS	
6 Amount (\$) \$66.00	7 Payee address; City; State; Zip Code 388 Exchange Blvd. PO Box 1504 Hutto, TX 78634	
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 Stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2023	Payee name USPS	
Amount (\$) \$0.66	Payee address; City; State; Zip Code 388 Exchange Blvd PO Box 1504 Hutto, TX 78634	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Uber	
Amount (\$) \$10.94	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Travel
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: 45/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 10/23/2023	5 Payee name Uber
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6 Amount (\$) \$18.15	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Travel
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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 11/10/2023	Payee name Uber
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Amount (\$) \$39.91	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related 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 Travel
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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 09/25/2023	Payee name Velero Gas Station
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Amount (\$) \$16.60	Payee address; City; State; Zip Code 22801 HWY 35 Kyle, TX 78640
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
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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: 46/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 10/30/2023	5 Payee name Vote Run Lead Action	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code PO Box 56 Hartsdale, NY 10530	
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 Event Ticker
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Walmart	
Amount (\$) \$267.20	Payee address; City; State; Zip Code 620 S I-35 Georgetown, TX 78628	
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 Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name Williamson County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1915 S. Austin Ave. #102 Georgetown, TX 78626	
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
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: 47/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 11/29/2023	5 Payee name Williamson County Democratic Party	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1915 S. Austin Ave. #102 Georgetown, TX 78626	
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 Event Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2023	Payee name Worley Printing Co. Inc	
Amount (\$) \$38.97	Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Worley Printing Co., INC.	
Amount (\$) \$61.70	Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722	
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 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: 48/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
4 Date 12/21/2023	5 Payee name Worley Printing Co., INC.	
6 Amount (\$) \$55.21	7 Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722	
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 Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name Xaman Cafe	
Amount (\$) \$110.44	Payee address; City; State; Zip Code 334 Jefferson Blvd Dallas, TX 75298	
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 Staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name Xaman Cafe	
Amount (\$) \$46.13	Payee address; City; State; Zip Code 334 Jefferson Blvd Dallas, TX 75298	
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 Staff Meal
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: 49/49 Rpt:	2 FILER NAME Carroll, Angel (Ms.)	3 Filer ID (Ethics Commission Filers) 00087746
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4 Date 12/27/2023	5 Payee name Xaman Cafe
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6 Amount (\$) \$91.91	7 Payee address; City; State; Zip Code 334 Jefferson Blvd Dallas, TX 75298
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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 Staff Meal
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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 08/23/2023	Payee name Zazzle Inc.
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Amount (\$) \$20.88	Payee address; City; State; Zip Code 1800 Seaport Blvd Redwood City, CA 94063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Marking
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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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