

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00053715	2 Total pages filed: 40
3 COMMITTEE NAME Annie's List		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/05/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 303277 Austin, TX 78703		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Piper <hr/> NICKNAME LAST SUFFIX Stege Nelson		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave. Austin, TX 78705		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave. Austin, TX 78705		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 812-0554		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 01/25/2024		
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Annie's List	13 Filer ID (Ethics Commission Filers) 00053715
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Mihaela Plesa State Representative	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	116,667.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	736.39
	4. TOTAL POLITICAL EXPENDITURES	\$	119,163.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	391,391.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

Piper Stege Nelson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 40

12 COMMITTEE NAME Annie's List		13 Filer ID (Ethics Commission Filers) 00053715
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Laurel Swift State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Annie's List		18 Filer ID (Ethics Commission Filers) 00053715
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 116,667.38
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 110,252.76
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8,911.13
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/27 Rpt: 5/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2509	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6200	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/27 Rpt: 6/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5271	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Tannya <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040-2504	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Mary <hr/> Contributor address; City; State; Zip Code Sunset Valley, TX 78745-2638	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8134	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/27 Rpt: 7/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-8134	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A. (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78736-3319	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Elizabeth <hr/> Contributor address; City; State; Zip Code Rollingwood, TX 78746-5943	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela <hr/> Contributor address; City; State; Zip Code Denton, TX 76207-1288	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briones, Lesley <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3903	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/27 Rpt: 8/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Thomas <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Perla <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-3011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Deputy Administrator		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Danny <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-1828	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235-1611	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/27 Rpt: 9/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		9 Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Roger <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-6213	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colton, Clark <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condon, Jane <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06831-2722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Comedian		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Judith <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-2099	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/27 Rpt: 10/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97201-3371	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DECOUX, BEVERLEE <hr/> Contributor address; City; State; Zip Code Alamo, TX 78516-2604	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Jones, Lesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/27 Rpt: 11/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5097	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-7000	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/27 Rpt: 12/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analyse <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20002-7373	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) White house liaison		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARGO, Helen <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-5262	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Heather <hr/> Contributor address; City; State; Zip Code Center Point, TX 78010-3503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasken, Andy <hr/> Contributor address; City; State; Zip Code Paris, TX 75462	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenner, Edward <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-4228	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/27 Rpt: 13/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Jenifer D. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7103	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637-3812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4168	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/27 Rpt: 14/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froemming, Maria <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-7333	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Deputy Campaign Mge		9 Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5820	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al <hr/> Contributor address; City; State; Zip Code Austin, TX 78763-0360	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-4109	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/27 Rpt: 15/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Zina <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20008-5112	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-6811	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-3968	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kendyl <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3624	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2028	Amount of Contribution (\$) \$209.00
Principal occupation / Job title (See Instructions) Senior Client and Project Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/27 Rpt: 16/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haupt, Brenda <hr/> 6 Contributor address; City; State; Zip Code Ennis, TX 75119-7267	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) COO/Owner		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernholm, Cameron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223-1124	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Philanthropy Officer		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4218	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-1745	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) systems & data analyst		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/27 Rpt: 17/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77292-0720	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitcher, Fuerza Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4224	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2412	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCIDO, RITA <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1741	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/27 Rpt: 18/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth	7 Amount of Contribution (\$) \$22.00
	6 Contributor address; City; State; Zip Code Melbourne, FL 32940-6815	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Starling	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New York, NY 10065-8095	
Principal occupation / Job title (See Instructions) editor		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kaneohe, HI 96744-3516	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78756-3525	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/27 Rpt: 19/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dallas, TX 75243-4001		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira Bravo, Monica (The Honorable)	Amount of Contribution (\$) \$1,250.00
Contributor address; City; State; Zip Code Dallas, TX 75204-3157		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77024-8001		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Antonio, TX 78216-7708		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77084-4312		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/27 Rpt: 20/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-1947	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Management consultant		9 Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollum, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-3446	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-1949	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCullough, Adrienne <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4420	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) non profit development		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlheran, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78734-1525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/27 Rpt: 21/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinley, Susan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043-4718	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-4723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengel, Gary <hr/> Contributor address; City; State; Zip Code Westminster, CO 80031-2824	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengel, Gary <hr/> Contributor address; City; State; Zip Code Westminster, CO 80031-2824	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monahan, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78705-2429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/27 Rpt: 22/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78735-6605	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Mary Anna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78746-7871	
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pamela	Amount of Contribution (\$) \$100,000.00
	Contributor address; City; State; Zip Code Austin, TX 78702-1805	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelayo, Yvonne M.	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-1610	
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkett, Ellen M	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-6310	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/27 Rpt: 23/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New Orleans, LA 70117-5727		
8 Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		9 Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Debra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Driftwood, TX 78619-5736		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pittman, Joanne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Georgetown, TX 78628-7116		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clearwater, FL 33763-4528		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clearwater, FL 33763-4528		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/27 Rpt: 24/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances <hr/> 6 Contributor address; City; State; Zip Code Clearwater, FL 33763-4528	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33763-4528	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33763-4528	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33763-4528	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Frances <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33763-4528	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/27 Rpt: 25/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Houston, TX 77006-6166		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynoso, Beatriz	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Harlingen, TX 78552-2261		
Principal occupation / Job title (See Instructions) Design Consulting		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78750-8202		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Erika	Amount of Contribution (\$) \$20.85
Contributor address; City; State; Zip Code Glendale, CA 91205-3564		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77005-4332		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/27 Rpt: 26/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Mary Beth	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225-3545		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Ilene	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Floral Park, NY 11005-1023		
Principal occupation / Job title (See Instructions) Business Executive		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saville, Linda	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77056-3697		
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mclean, VA 22102-5864		
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schanin, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Denver, CO 80209-3235		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/27 Rpt: 27/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seldin, Ellen	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230-2437	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703-2833	
Principal occupation / Job title (See Instructions) planning facilitator		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Caroline	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Keller, TX 76248-5223	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Caroline	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Keller, TX 76248-5223	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Danielle	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78701-4271	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/27 Rpt: 28/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Lawson, Bridgette <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469-6355	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Molly <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3532	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Sandra A <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247-3169	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Part-time educator		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Ellen <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-7346	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/27 Rpt: 29/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rick	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539-4406		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77027-6204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trachtenberg, Brian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-5443		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76114-1786		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Valdez, AK 99686-1503		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/27 Rpt: 30/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Chris <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036-0337	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Human Resources		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tarrant County Family Court Services		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilmot, Candace <hr/> Contributor address; City; State; Zip Code Urbana, IL 61802-7030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Kennon <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrather, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-1416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/27 Rpt: 31/40
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344	7 Amount of Contribution (\$) \$10.53
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) barzelay, susan <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-4256	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		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: 1/6 Rpt: 32/40	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/25/2024	5 Payee name ALTEF	
6 Amount (\$) \$42,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Box 303277 Austin, TX 78703	
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 support
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Blue Scout Digital	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2024	Payee name CACSM	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300146 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising services
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: 2/6 Rpt: 33/40	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/09/2024	5 Payee name Ensemble	
6 Amount (\$) \$4,038.93 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5151 Mercantile Row Dallas, TX 75247-5927	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name Intuit	
Amount (\$) \$95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
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 Accounting software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2024	Payee name Kelly Graphics	
Amount (\$) \$2,075.61 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1409 Quaker Ridge Dr Austin, TX 78746-6215	
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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 34/40	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
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4 Date 01/03/2024	5 Payee name NGP Van Inc.
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6 Amount (\$) \$2,053.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1101 15th St NW Ste 500 Washington, DC 20005-5006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/02/2024	Payee name Paragon
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Amount (\$) \$427.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
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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 online contribution processing fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2024	Payee name Prosperity Bank
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Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525
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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 fee
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Complete ONLY 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: 4/6 Rpt: 35/40	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
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4 Date 01/09/2024	5 Payee name Prosperity Bank
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6 Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525
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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 bank fee
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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 01/24/2024	Payee name Prosperity Bank
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Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525
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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 fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name Prosperity Bank
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Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525
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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 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: 5/6 Rpt: 36/40	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/09/2024	5 Payee name Prosperity Bank	
6 Amount (\$) \$8,906.59 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/19/2024	Candidate/Officeholder name RMS General	
Amount (\$) \$4,317.30 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 19646 Minneapolis, MN 55419-0646	
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 Software Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/09/2024	Candidate/Officeholder name Showtech Productions	
Amount (\$) \$30,387.78 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1808 S Good Latimer Expy Dallas, TX 75226-2202	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 6/6 Rpt: 37/40	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
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4 Date 01/17/2024	5 Payee name Steady Hand PR
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6 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1205 Upland Dr Austin, TX 78741-1167
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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 Communications consulting
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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 01/17/2024	Payee name Susan Harry Consulting
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Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018
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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 Compliance consulting
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/3 Rpt: 38/40	2	FILER NAME Annie's List	3	Filer ID (Ethics Commission Filers) 00053715
4	CREDIT CARD ISSUER	Name of financial institution Prosperity Bank		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 656.16
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$213.20	(b) Date of Charge 01/06/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$5,050.00	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Mihaela Plesa Campaign		(b) Payee address; City, State, Zip Code PO Box 796311 Dallas, TX 75379-6311	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$72.36	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/3 Rpt: 39/40		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 656.16	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$214.91	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$26.65	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name NGP Van Inc.		(b) Payee address; City, State, Zip Code 1101 15th St NW Ste 500 Washington, DC 20005-5006	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$750.00	(b) Date of Charge 01/22/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Fundrasing software for Laurel Swift Campaign	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 3/3 Rpt: 40/40	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 656.16
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,084.59	(b) Date of Charge 01/09/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Airbnb	(b) Payee address; City, State, Zip Code 888 Brannan St San Francisco, CA 94103-4928	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description lodging - staff retention and activities	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$591.60	(b) Date of Charge 01/25/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CubeSmart	(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description storage	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$251.66	(b) Date of Charge 01/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Zoom Video Communications	(b) Payee address; City, State, Zip Code 2400 Allen St Dallas, TX 75204-2502	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description virtual meeting software	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held