

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00085730	<b>2 Total pages filed:</b> 15		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mrs.	FIRST Elizabeth R.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 02/05/2024	
	NICKNAME	LAST Ginsberg	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4502 West Lovers Lane  Dallas, TX 75209			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mrs.	FIRST Elizabeth	MI		
	NICKNAME	LAST Ginsberg	SUFFIX		
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4502 West Lovers Lane  Dallas , TX 75209				
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
	(214)	369-9871			
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)				
<b>9 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month Day Year
	01	01	2024		01/25/2024
<b>10 ELECTION</b>	ELECTION DATE Month Day Year 03/05/2024			ELECTION TYPE	
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)			<b>12 OFFICE SOUGHT (if known)</b>	
				State Representative District 108	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Ginsberg, Elizabeth R. (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00085730
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC		
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,565.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	36,132.44
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	33,638.98
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
Mrs. Elizabeth R. Ginsberg  
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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<b>18 FILER NAME</b> Ginsberg, Elizabeth R. (Mrs.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00085730
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,565.00
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 36,132.44
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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/15
2 FILER NAME Ginsberg, Elizabeth R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085730
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armour, Maureen	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75206	
8 Principal occupation / Job title (See Instructions) Law Professor		9 Employer (See Instructions) Southern Methodist University
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnett, Miriam	Amount of Contribution (\$)  \$180.00
	Contributor address; City; State; Zip Code  Dallas, TX 75240	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) MLB Properties LLC
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baxter, Katherine	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blair, Audrey	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75228	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bleicher, Julie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75230	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/10 Rpt: 5/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bogen, Molly	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourgeois, Betty	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Judy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75231		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caldcleugh, Jacqueline	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78734		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Erica	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/10 Rpt: 6/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crain, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75238	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Account Manager		<b>9</b> Employer (See Instructions) Brenntag Southwest
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crain, William <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Account Manager		Employer (See Instructions) Brenntag Southwest
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford, Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) ThomsonReuters
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ElHaffar, Hani <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) LivingAsOne
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erickson, Sherry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Private Math Tutor		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/10 Rpt: 7/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giasson, Diane	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Michelle	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) Self
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Marsha	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Rhonda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hankinson, Deborah	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hankinson PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/10 Rpt: 8/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebley, Sandi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RN LMSW		<b>9</b> Employer (See Instructions) Faith Presbyterian Hospice
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helsell, Hedy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helton, Linda <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Mark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Audiowizardry LLC
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horwitz, Sandy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) CVS Minute Clinic



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 9/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurt, Christine	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254	
<b>8</b> Principal occupation / Job title (See Instructions) Law professor		<b>9</b> Employer (See Instructions) Southern Methodist University
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacks, judy	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kastl, Krisi	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75204	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) KASTL LAW PC
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerwin MD, Diana	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Texas Health
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Melissa	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75209-7330	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Epiq

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/10 Rpt: 10/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rene	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGee, Carla	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Smoger Realty
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGovern, Katherine	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGovern, Katherine	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self employed
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noll, Katherine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Dallas, TX 75238		
Principal occupation / Job title (See Instructions) H. R. Director		Employer (See Instructions) Alcuin School

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 11/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnell, John	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  OSTERVILLE, MA 02655		
<b>8</b> Principal occupation / Job title (See Instructions) Consult		<b>9</b> Employer (See Instructions) Freeman
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsson, Kristin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Enid	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77056		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Amy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Nonprofit donor recruitment		Employer (See Instructions) Dkms
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Cynthia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5500		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/10 Rpt: 12/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rylander, Carole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salyers, Jani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) systems developer		Employer (See Instructions) ArgoData Resources
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code  Irving, TX 75060	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Mike <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) BARBBRI
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toubin, Fran <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 13/15
<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trulock, Margaret M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitton, Barbara <hr/> Contributor address; City; State; Zip Code  amarillo, TX 79114	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yuster, Hadassah <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) williams, claude <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) dentist		Employer (See Instructions) claude r. williamsjr

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 14/15	<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/25/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$280.18	<b>7</b> Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2024	Payee name Ivy, Jacqueline	
Amount (\$) \$690.00	Payee address; City; State; Zip Code 9319 LBJ Freeway  Dallas, TX 75243	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone calling services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name PNC Bank	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 249 Fifth Ave  Pittsburgh, PA 15222	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service charge
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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 15/15	<b>2</b> FILER NAME Ginsberg, Elizabeth R. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085730
<b>4</b> Date 01/24/2024	<b>5</b> Payee name Ramsaw, Deborah	
<b>6</b> Amount (\$) \$487.50	<b>7</b> Payee address; City; State; Zip Code 1200 Post Oak Lane  DeSoto, TX 75115	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone calling services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2024	Payee name Reilley Echols Printing	
Amount (\$) \$16,574.32	Payee address; City; State; Zip Code 1710 South Harwood  Dallas, TX 75215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 expense for mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2024	Payee name The Order Desk	
Amount (\$) \$18,097.44	Payee address; City; State; Zip Code 9840 Monroe Dr #104  Dallas, TX 75220	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and processing of mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held