

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00053715	<b>2</b> Total pages filed: 55
<b>3</b> COMMITTEE NAME Annie's List		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/26/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 303277  Austin, TX 78703		
	MS / MRS / MR FIRST MI Piper <hr/> NICKNAME LAST SUFFIX Stege Nelson		
<b>5</b> CAMPAIGN TREASURER NAME			
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave.  Austin, TX 78705		
<b>7</b> 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		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 812-0554		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 01/26/2024      THROUGH      02/24/2024		
<b>11</b> 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

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59,693.91
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 1,870.17
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 83,309.24
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 369,606.33
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Annie's List		<b>18 Filer ID</b> (Ethics Commission Filers) 00053715
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 59,693.91
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	\$ 79,002.36
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	\$ 4,306.88
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/34 Rpt: 4/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aden, Marilyn	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130-7960		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alderman, Doris	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Boerne, TX 78015-6533		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Stacy	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  Austin, TX 78703-4157		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Sarah	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Frisco, TX 75036-0166		
Principal occupation / Job title (See Instructions) Development Coordinator		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashworth, Susan	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78746-4613		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/34 Rpt: 5/55
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Babb, Ann	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Oaklyn, NJ 08107-1922	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, John	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  San Antonio, TX 78216-3520	
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77019-2509	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barzelay, Susan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Colleyville, TX 76034-4256	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean, Nancy Cozette	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Arlington, TX 76006-4003	
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/34 Rpt: 6/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Becky <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-6200	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benavides, Melissa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-5271	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/03/2024	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 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benedict, Catherine <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-1500	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/17/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/34 Rpt: 7/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Mary	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Sunset Valley, TX 78745-2638		
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackson, Stephen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78750-2811		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blau, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78757-8134		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blau, Robert	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Austin, TX 78757-8134		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunagel-Brown, Mary A. (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Austin, TX 78736-3319		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/34 Rpt: 8/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bray, Elizabeth	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Rollingwood, TX 78746-5943		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76207-1288		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Royce	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78702-4587		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burlage, Rachel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Denton, TX 76210-8054		
Principal occupation / Job title (See Instructions) Policy manager		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caesar, Rosalind	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77014-1937		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/34 Rpt: 9/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Elizabeth J <hr/> <b>6</b> Contributor address; City; State; Zip Code  Big Spring, TX 79721-0509	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson, Allen <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-4605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Thomas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78245-3521	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 02/07/2024	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 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code  Bothell, WA 98021-8625	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/34 Rpt: 10/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaffee, Dianne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bothell, WA 98021-8625	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/15/2024	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 02/21/2024	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)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiarito, Bebe <hr/> Contributor address; City; State; Zip Code  Portland, OR 97231-2600	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christian, Ann <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2049	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/34 Rpt: 11/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Melinda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77227-2337	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/14/2024	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 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Copeland, Harold <hr/> Contributor address; City; State; Zip Code  Houston, TX 77263-1145	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Craig, Leilani <hr/> Contributor address; City; State; Zip Code  Portland, OR 97201-3371	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		Employer (See Instructions)
Date 02/08/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/34 Rpt: 12/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse practitioner		<b>9</b> Employer (See Instructions)
Date 02/16/2024	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 02/19/2024	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)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dell, Marci <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5097	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiLeo, Tracy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3138	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Limited Partner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/34 Rpt: 13/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dibrell, Lauri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Texas City, TX 77591-7000	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing		<b>9</b> Employer (See Instructions)
Date 02/22/2024	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 02/02/2024	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 02/13/2024	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)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Analysse <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002-7373	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) White house liaison		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/34 Rpt: 14/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farmer, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Center Point, TX 78010-3503	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 02/09/2024	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 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fikes, Amy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-3103	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Mary <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3702	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 02/19/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/34 Rpt: 15/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60637-3812		
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Helotes, TX 78023-4168		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill	Amount of Contribution (\$) \$23.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2236		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froemming, Maria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Coppell, TX 75019-7333		
Principal occupation / Job title (See Instructions) Deputy Campaign Manager		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78731-5206		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/34 Rpt: 16/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garber, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019-5820	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Danna <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110-1635	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Donor Services		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Rosario <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589-2119	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/09/2024	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 02/01/2024	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)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/34 Rpt: 17/55
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goerner, Jon	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75205-4109	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goerner, Jon	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205-4109	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Rosario	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Albuquerque, NM 87114-4499	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Zina	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Washington, DC 20008-5112	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenfield, Stuart	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78757-6811	
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/34 Rpt: 18/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HICKS, LESLIE	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Point Richmond, CA 94801		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, MARGO	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633-2189		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, MARGO	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633-2189		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, John	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78750-1538		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Linda	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78759-3968		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/34 Rpt: 19/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kendyl	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-3624		
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Lis	Amount of Contribution (\$)  \$209.00
Contributor address; City; State; Zip Code  Houston, TX 77030-2028		
Principal occupation / Job title (See Instructions) Senior Client and Project Manager		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Benjamin	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Houston, TX 77047-6511		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernholm, Cameron	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75223-1124		
Principal occupation / Job title (See Instructions) Chief Philanthropy Officer		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hodges, Adam	Amount of Contribution (\$)  \$45.00
Contributor address; City; State; Zip Code  Houston, TX 77006-4218		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/34 Rpt: 20/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holzer, Jean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77551-1745	<b>7</b> Amount of Contribution (\$)  \$18.00
<b>8</b> Principal occupation / Job title (See Instructions) systems & data analyst		<b>9</b> Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horton, Harriet S <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-3480	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Elaine <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-3663	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Amy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-5048	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal marketing		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Marge <hr/> Contributor address; City; State; Zip Code  Farmers Branch, TX 75234-2550	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/34 Rpt: 21/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Blalock, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10001-6261	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) literary agent		<b>9</b> Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KING, STEPHEN <hr/> Contributor address; City; State; Zip Code  Houston, TX 77061-3831	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karempudi, Sahiti <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-5313	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Program coordinator		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khoslas, Joan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77292-0720	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 01/27/2024	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 (\$)  \$25.00
Principal occupation / Job title (See Instructions) singer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/34 Rpt: 22/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOWREY, AMY L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2412	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) singer		<b>9</b> Employer (See Instructions)
Date 02/16/2024	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) singer		Employer (See Instructions)
Date 02/04/2024	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)
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert, Ruth <hr/> Contributor address; City; State; Zip Code  Melbourne, FL 32940-6815	Amount of Contribution (\$)  \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le, Mai <hr/> Contributor address; City; State; Zip Code  Sunnyvale, CA 94087-5202	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/34 Rpt: 23/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leff, Debra S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756-3525	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemmond, byron <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449-7504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lervisit, Woot <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Diana Rae <hr/> Contributor address; City; State; Zip Code  Sonoma, CA 95476-2031	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Sandra S. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-8001	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/34 Rpt: 24/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Sandra S.	<b>7</b> Amount of Contribution (\$)  \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-8001	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) METKE, THOMAS	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Friday Harbor, WA 98250-8458	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 02/22/2024	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 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marmion, Laura	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78628-9512	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Stephen	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Pinole, CA 94564-1220	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 22/34 Rpt: 25/55
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77084-4312	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code  Belmont, MA 02478-1947	
Principal occupation / Job title (See Instructions) Management consultant		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollum, Linda	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Jonestown, TX 78645-4489	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78757-1949	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCullough, Adrienne Missy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4420	
Principal occupation / Job title (See Instructions) non profit development		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/34 Rpt: 26/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Patrick	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Sacramento, CA 95818-4106		
<b>8</b> Principal occupation / Job title (See Instructions) Forester		<b>9</b> Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuffey, Barbara Shivers	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77004-5938		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIlheran, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78734-1525		
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKinley, Susan	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Houston, TX 77043-4718		
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mellon-Werch, Michelle	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78759-4723		
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/34 Rpt: 27/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mellon-Werch, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-4723	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant GC		<b>9</b> Employer (See Instructions)
Date 02/14/2024	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)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Shannon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6605	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nuttall, Tamara <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006-5750	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Child development specialist		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palacios, Raquenel <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589-2553	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/34 Rpt: 28/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pallas, Sarah	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Amherst, MA 01002-3504		
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 02/18/2024	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 02/08/2024	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 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perrenod, William	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  New Orleans, LA 70117-5727		
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polito, Catherine	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78759-5001		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/34 Rpt: 29/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROWAN, PATRICIA	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-3801		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rao, Kiran	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2052		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reeves, Sandra Lemcke	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Houston, TX 77006-6166		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/01/2024	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 02/02/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/34 Rpt: 30/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robbins, Erika <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glendale, CA 91205-3564	<b>7</b> Amount of Contribution (\$)  \$20.85
<b>8</b> Principal occupation / Job title (See Instructions) Editor		<b>9</b> Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Jean <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137-2058	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-4332	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-1301	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz III, Tomas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78224-2143	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/34 Rpt: 31/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarath, Patrice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-3036	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Researcher		<b>9</b> Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawyer, Robin <hr/> Contributor address; City; State; Zip Code  McLean, VA 22102-5864	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scilipoti, Michael <hr/> Contributor address; City; State; Zip Code  Fayetteville, PA 17222-7701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seldin, Ellen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2437	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharkey, Tom <hr/> Contributor address; City; State; Zip Code  Granby, CT 06035-2414	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/34 Rpt: 32/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Caroline	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248-5223		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/14/2024	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 02/05/2024	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)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith-Lawson, Bridgette	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Richmond, TX 77469-6355		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stilley, Jane	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Meadows Place, TX 77477-1737		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/34 Rpt: 33/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tabor, Catherine L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-3314	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taube, DeEtta <hr/> Contributor address; City; State; Zip Code  Tucson, AZ 85710-4523	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/22/2024	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)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, lauralee <hr/> Contributor address; City; State; Zip Code  Marina Del Rey, CA 90292-6797	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tobey, Eugene <hr/> Contributor address; City; State; Zip Code  Latham, NY 12110-1870	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/34 Rpt: 34/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tonnesen, Edythe F <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669-1797	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Tomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027-6204	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trachtenberg, Brian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-5443	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Treece, Deborah <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3942	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Jennifer <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76114-1786	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/34 Rpt: 35/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wingate, Elizabeth	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Valdez, AK 99686-1503		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward-Hart, Sharon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Cumby, TX 75433-2320		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76015-2812		
Principal occupation / Job title (See Instructions) SW Engineer		Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watkins, Doris	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1741		
Principal occupation / Job title (See Instructions) Tarrant County Family Court Services		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Webb, Lisa	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78739-5628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/34 Rpt: 36/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitten, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-3101	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions)
Date 02/09/2024	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 02/05/2024	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)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Carlecia D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-1415	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeager, Bob <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380-3344	Amount of Contribution (\$)  \$10.53
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/34 Rpt: 37/55
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) de la Riva, Isabel	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78259-2217		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deLarios, Patty	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Bend, OR 97702-2069		
Principal occupation / Job title (See Instructions) Patient Advocate		Employer (See Instructions)
Date 02/15/2024	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)

# 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: 1/14 Rpt: 38/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 01/28/2024	<b>5</b> Payee name ActBlue
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<b>6</b> Amount (\$) \$93.37	<b>7</b> Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 online contribution processing fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/04/2024	Payee name ActBlue
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Amount (\$) \$59.65	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/11/2024	Payee name ActBlue
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Amount (\$) \$59.97	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031
------------------------	---

Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

<b>1</b> Total pages Schedule F1: Sch: 2/14 Rpt: 39/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/18/2024	<b>5</b> Payee name ActBlue
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<b>6</b> Amount (\$) \$35.74  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 online contribution processing fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Annie's List Training and Engagement Fund
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Amount (\$) \$37,359.97  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 699  Austin, TX 78767-0699
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<b>PURPOSE OF EXPENDITURE</b>	<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 Payroll support
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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 02/13/2024	Payee name Blue Scout Digital
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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
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 Digital consulting
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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.

<b>1</b> Total pages Schedule F1: Sch: 3/14 Rpt: 40/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Bumperactive
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<b>6</b> Amount (\$) \$171.02  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5925 Burnet Rd  Austin, TX 78757-3224
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<b>8</b> 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 online merchandise sales and fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name Bumperactive
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Amount (\$) \$41.57  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5925 Burnet Rd  Austin, TX 78757-3224
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 online merchandise 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 01/31/2024	Payee name Bumperactive
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Amount (\$) \$41.57  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5925 Burnet Rd  Austin, TX 78757-3224
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 online merchandise 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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# 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: 4/14 Rpt: 41/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Bumperactive
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<b>6</b> Amount (\$) \$41.57  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5925 Burnet Rd  Austin, TX 78757-3224
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 online merchandise fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name Bumperactive
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Amount (\$) \$41.57  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5925 Burnet Rd  Austin, TX 78757-3224
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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 merchandise 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 01/31/2024	Payee name Bumperactive
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Amount (\$) \$71.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5925 Burnet Rd  Austin, TX 78757-3224
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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 merchandise sales and 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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# 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: 5/14 Rpt: 42/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/14/2024	<b>5</b> Payee name Figueroa, Iliana
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<b>6</b> Amount (\$) \$879.37  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<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 Salary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name Figueroa, Iliana
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Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<b>PURPOSE OF EXPENDITURE</b>	<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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Figueroa, Iliana
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Amount (\$) \$370.63  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<b>PURPOSE OF EXPENDITURE</b>	<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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/14 Rpt: 43/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/15/2024	<b>5</b> Payee name Figueroa, Iliana	
<b>6</b> Amount (\$) \$265.32  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<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 mileage reimbursement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Gusto	
Amount (\$) \$2,033.52  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2024	Payee name Gusto	
Amount (\$) \$1,430.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payroll liabilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/14 Rpt: 44/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$603.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Payroll liabilities
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name Holland & Knight LLP
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Amount (\$) \$3,447.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 936937  Atlanta, GA 31193-6937
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<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 Legal 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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Date 02/23/2024	Payee name Lauren Simmons Campaign
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 56386  Houston, TX 77256-6386
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Contribution
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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.

<b>1</b> Total pages Schedule F1: Sch: 8/14 Rpt: 45/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Montemayor Hill & Company PC
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<b>6</b> Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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<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 Accounting services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Montemayor Hill & Company PC
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Amount (\$) \$2,600.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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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 services
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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 02/06/2024	Payee name Montemayor Hill & Company PC
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Amount (\$) \$1,050.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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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 services
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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.

<b>1</b> Total pages Schedule F1: Sch: 9/14 Rpt: 46/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Montemayor Hill & Company PC
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<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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<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 Accounting services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Montemayor Hill & Company PC
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Amount (\$) \$600.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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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 services
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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 02/06/2024	Payee name Montemayor Hill & Company PC
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Amount (\$) \$375.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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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 services
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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.

<b>1</b> Total pages Schedule F1: Sch: 10/14 Rpt: 47/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Montemayor Hill & Company PC
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<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2110 Boca Raton Dr  Austin, TX 78747-1630
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<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 Accounting services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Padilla, Graciela
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Amount (\$) \$879.37  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<b>PURPOSE OF EXPENDITURE</b>	<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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name Padilla, Graciela
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Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<b>PURPOSE OF EXPENDITURE</b>	<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 Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/14 Rpt: 48/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Padilla, Graciela
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<b>6</b> Amount (\$) \$370.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<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 Salary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name Padilla, Graciela
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Amount (\$) \$424.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<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 mileage reimbursement
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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 01/30/2024	Payee name Prosperity Bank
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Amount (\$) \$3,544.78  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 206 E 9th St FI 100 Austin, TX 78701-4418
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<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 Credit card payment
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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.

<b>1</b> Total pages Schedule F1: Sch: 12/14 Rpt: 49/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/16/2024	<b>5</b> Payee name Prosperity Bank
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<b>6</b> Amount (\$) \$35.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 206 E 9th St FI 100 Austin, TX 78701-4418
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 bank fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2024	Payee name Prosperity Bank
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Amount (\$) \$15.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 206 E 9th St FI 100 Austin, TX 78701-4418
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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 02/23/2024	Payee name Prosperity Bank
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Amount (\$) \$35.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 206 E 9th St FI 100 Austin, TX 78701-4418
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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.

<b>1</b> Total pages Schedule F1: Sch: 13/14 Rpt: 50/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 02/20/2024	<b>5</b> Payee name RMS General	
<b>6</b> Amount (\$) \$4,317.30  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 19646  Minneapolis, MN 55419-0646	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Software payment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Ramon, Ana	
Amount (\$) \$879.37  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055	
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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Ramon, Ana	
Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055	
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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/14 Rpt: 51/55	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Ramon, Ana
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<b>6</b> Amount (\$) \$370.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<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 Salary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Steady Hand PR
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Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 Upland Dr  Austin, TX 78741-1167
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 Communications 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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Date 02/20/2024	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 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.

<b>1</b>	Total pages Schedule F4: Sch: 1/4 Rpt: 52/55	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution Prosperity Bank		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,711.38
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$135.00	(b) Date of Charge 02/22/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849	
<b>8</b>	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 bus fare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$135.00	(b) Date of Charge 02/22/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849	
<b>8</b>	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 bus fare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$135.00	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849	
<b>8</b>	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 bus fare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY 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.

<b>1</b> Total pages Schedule F4: Sch: 2/4 Rpt: 53/55	<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,711.38
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$368.52	(b) Date of Charge 01/28/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024
<b>7</b> PAYEE	(a) Payee name Hotel Lucine	(b) Payee address; City, State, Zip Code 1002 Seawall Blvd Galveston, TX 77550-6203	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$400.00	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name America Votes	(b) Payee address; City, State, Zip Code 1155 Connecticut Ave NW Washington, DC 20036-4306	
<b>PURPOSE OF EXPENDITURE</b> <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 Conference ticket
	(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
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$300.04	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Jalisco	(b) Payee address; City, State, Zip Code 3858 Oak Lawn Ave Ste 470 Dallas, TX 75219-4797	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description dinner meeting
	(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.

<b>1</b> Total pages Schedule F4: Sch: 3/4 Rpt: 54/55		<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,711.38	
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$214.91	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>8</b> 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	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$72.38	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b> <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	
		(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
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$581.40	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name CubeSmart		(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
<b>PURPOSE OF EXPENDITURE</b> <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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/4 Rpt: 55/55	<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,711.38
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$253.25	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Zoom Video Communications	(b) Payee address; City, State, Zip Code 2400 Allen St Dallas, TX 75204-2502	
<b>8</b> 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		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held