

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087222	2 Total pages filed: 140					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jennifer K.	MI MI	OFFICE USE ONLY				
	NICKNAME Jennie	LAST Birkholz	SUFFIX		Date Received ELECTRONICALLY FILED 07/15/2024			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3441 Alexandrite Way Round Rock, TX 78681			Date Hand-delivered or Date Postmarked				
	Receipt #		Amount	Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Jennifer K.	MI MI					
	NICKNAME	LAST Birkholz	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3441 Alexandrite Way Round Rock, TX 78681							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(512)	581-1938						
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)							
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	02	25	2024		06	30	2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE				
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any)						12 OFFICE SOUGHT (if known) State Representative District 52	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Birkholz, Jennifer K. (Mrs.) **14** Filer ID (Ethics Commission Filers)
00087222

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,397.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,616.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	26,223.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Mrs. Jennifer K. Birkholz

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Birkholz, Jennifer K. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00087222
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 38,397.09
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,616.38
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/116 Rpt: 4/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abby, Brody <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10009	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne, Arnold <hr/> Contributor address; City; State; Zip Code Kingsbury, TX 78638	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aileen, Carolan <hr/> Contributor address; City; State; Zip Code Nashville, TN 37207	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Caplan <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Alan Caplan
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaska Jean, Bednar <hr/> Contributor address; City; State; Zip Code Elgin, IL 60120	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Foundation director		Employer (See Instructions) U-46 Educational Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/116 Rpt: 5/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexa, Wakefield <hr/> 6 Contributor address; City; State; Zip Code Rocky point, NY 11778	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Art Teacher		9 Employer (See Instructions) Patchogue Medford High School
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Wolstenholme-Britt <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Sanford Heisler Sharp, LLP
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice, London <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisa, Ludlum <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisa, Ludlum <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/116 Rpt: 6/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisa, Ludlum	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisa, Ludlum	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison, Schermerhorn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Los Angeles, CA 90067		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allegra, Barrett	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Charlotte, NC 28277		
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) October Three
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Dwyer	Amount of Contribution (\$) \$104.00
Contributor address; City; State; Zip Code Auatin, TX 78703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/116 Rpt: 7/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda, Snelson <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98105	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Zgf
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amatucci, James <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Field Sales		Employer (See Instructions) Water
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amelia, MacRae <hr/> Contributor address; City; State; Zip Code Portland, OR 97212	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grant writing		Employer (See Instructions) Fulfillment fund
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amelia, Miller <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Quality Director		Employer (See Instructions) Encompass Health
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy, Culbertson <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/116 Rpt: 8/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy, Moore <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres, Gonzalez <hr/> Contributor address; City; State; Zip Code Chicago, IL 60657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Product Designer		Employer (See Instructions) Inktavo
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew, Dell'Antonio <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The University of Texas
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angel, Carroll <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Vetrano <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) The Partnership for Public Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/116 Rpt: 9/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio, Champion <hr/> 6 Contributor address; City; State; Zip Code Liberty Hill, TX 78642	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ari Shane, Weitz <hr/> Contributor address; City; State; Zip Code Bronx, NY 10471	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) Streicker Center
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aries, Silva <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Computer Engineer		Employer (See Instructions) Software One Inc.
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Custer <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Oath
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey, Nath <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Neurologist		Employer (See Instructions) NMA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/116 Rpt: 10/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autumn, Starks	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Forest Park, IL 60130		
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Starks Therapy Group
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ava, Jamshidi	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Los Angeles, CA 90056		
Principal occupation / Job title (See Instructions) Literary Manager		Employer (See Instructions) Industry Entertainment
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcanoff, Richard	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Greenfield, MA 01301		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) MHS
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bambi, Bellows	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Chicago, IL 60625		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Grajski	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/116 Rpt: 11/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Mason <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78726	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Reese <hr/> Contributor address; City; State; Zip Code Bartlesville, OK 74006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Yerby <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Deutsch <hr/> Contributor address; City; State; Zip Code Portland, OR 97266	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Cartoonist		Employer (See Instructions) self
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky, Villarreal <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) prof		Employer (See Instructions) acc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/116 Rpt: 12/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky, Villarreal	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) prof		9 Employer (See Instructions) acc
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky, Villarreal	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) prof		Employer (See Instructions) acc
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky, Villarreal	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) prof		Employer (See Instructions) acc
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben, Zumsteg	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code New York, NY 10019		
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Publicis North America
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Halstead	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New York, NY 10019		
Principal occupation / Job title (See Instructions) Director of Digital Content		Employer (See Instructions) Corcoran

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/116 Rpt: 13/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Dastrup	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Seattle, WA 98117		
8 Principal occupation / Job title (See Instructions) Landscape Design		9 Employer (See Instructions) Ochre LLC
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Brittany	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Chelsea, MA 02150		
Principal occupation / Job title (See Instructions) Registered Dietician		Employer (See Instructions) Britt Nutrition
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernadette, Pasek	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Buffalo, NY 14227		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Williamsville CSD
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhaskar, DasGupta	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chicago, IL 60607		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UIC
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill, Grimmer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Seattle, WA 98144		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Allovus

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/116 Rpt: 14/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob, Libal <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) non-profit consultant		9 Employer (See Instructions) self-employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Grubesky <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22315	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) ATD
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brendan, Joyce <hr/> Contributor address; City; State; Zip Code New York, NY 10028	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Video editor		Employer (See Instructions) Self employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian, Cummings <hr/> Contributor address; City; State; Zip Code SAINT LOUIS, MO 63118	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian, Derrick <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/116 Rpt: 15/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget, Rosenberg	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Denver, CO 80206		
8 Principal occupation / Job title (See Instructions) Para		9 Employer (See Instructions) DPS
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke, Scheibe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Malcom	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Milford, CT 06776		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Coca-Cola
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, George	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Putnam Valley, NY 10579		
Principal occupation / Job title (See Instructions) Licensing/Legal Affairs		Employer (See Instructions) Clearway Street Music Services
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Kobler	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Englewood, CO 80113		
Principal occupation / Job title (See Instructions) DevOps Engineer		Employer (See Instructions) Verizon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/116 Rpt: 16/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts, David	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78723		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASEY, RAY	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Austin Community College
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Bartsch	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) UTMB
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn, Wrinkle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie, Richardson	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) Carrie Richardson dba CWR Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/116 Rpt: 17/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie, Richardson <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) President & Founder Consultancy		9 Employer (See Instructions) Carrie Richardson dba CWR Strategies
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie, Richardson <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) Carrie Richardson dba CWR Strategies
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie, Richardson <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) Carrie Richardson dba CWR Strategies
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine, Merritt <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Spool
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad, Campbell <hr/> Contributor address; City; State; Zip Code Astoria, NY 11102	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Workplace Experience Coordinator		Employer (See Instructions) Jump Trading

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/116 Rpt: 18/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanel, McFarlane <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60607	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) TAG
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles F, Johnson <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) self
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris, Ryan <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) UX Director		Employer (See Instructions) Target
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina, De Los Santos <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Baxter Burroughs <hr/> Contributor address; City; State; Zip Code Centreville, VA 20121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) RBt Stoneworks

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/116 Rpt: 19/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Miller <hr/> 6 Contributor address; City; State; Zip Code Charleston, SC 29403	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) HR		9 Employer (See Instructions) Sequoia
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Patterson <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Controls Manager		Employer (See Instructions) Google
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Tong <hr/> Contributor address; City; State; Zip Code HERMOSA BEACH, CA 90254	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Billing Manager		Employer (See Instructions) Ucatan
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Broome <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Tradeswell
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cilicia, Landers <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/116 Rpt: 20/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire, O'Neal <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia, Yanez <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Nerdwallet
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint, Harris <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Corsair Consulting LLC
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clilson, Rebecca <hr/> Contributor address; City; State; Zip Code Metuchen, NJ 08840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Penguin Random House
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coldiron, Ron <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/116 Rpt: 21/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie, Schreiber	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Benton Harbor, MI 49022		
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Fowler	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Seattle, WA 98116		
Principal occupation / Job title (See Instructions) Bakery		Employer (See Instructions) Mac
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Holloway	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brooklyn, NY 11213		
Principal occupation / Job title (See Instructions) Brand Director		Employer (See Instructions) Peoplehood
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Spence	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Neptune, NJ 07753		
Principal occupation / Job title (See Instructions) Personal Assistant		Employer (See Instructions) TGS Management
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Terry	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Commisioner		Employer (See Instructions) Williamson County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/116 Rpt: 22/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Randall	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristy, Ragland	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) Mental health therapist		Employer (See Instructions) Self
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyral, Miller	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) special ed consultant		Employer (See Instructions) Tx School for the Blind and Visually Impaired
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyral, Miller	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) special ed consultant		Employer (See Instructions) Tx School for the Blind and Visually Impaired
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyral, Miller	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) special ed consultant		Employer (See Instructions) Tx School for the Blind and Visually Impaired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/116 Rpt: 23/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyral, Miller <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) special ed consultant		9 Employer (See Instructions) Tx School for the Blind and Visually Impaired
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyral, Miller <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Education consultant		Employer (See Instructions) TSBVI
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dacey, Kathleen <hr/> Contributor address; City; State; Zip Code Biddeford, ME 04005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danette, Tibble <hr/> Contributor address; City; State; Zip Code Plainfield, IL 60586	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Hamilton <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/116 Rpt: 24/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Albert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Austin Community College		9 Employer (See Instructions) Professor
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Boles <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Micron Technology
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Briggs <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45202	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) American Financial Group
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Brodbeck <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) System Administrator		Employer (See Instructions) UCSB
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bushman <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) The Chicago LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/116 Rpt: 25/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Chao <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Ferris <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Ferris <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, King <hr/> Contributor address; City; State; Zip Code Ferndale, MI 48220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Overton <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/116 Rpt: 26/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Overton <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Opus Faveo Innovation Development
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Small <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Stones <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davinder, Chima <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NYU Langone School of Medicine
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Campbell <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/116 Rpt: 27/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Campbell <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denis, Thompson <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) University of Texas at Austin
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devenney, Laura <hr/> Contributor address; City; State; Zip Code Salem, MA 01970	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ESG Analyst		Employer (See Instructions) Boston Trust
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devin, Murphy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Strategy		Employer (See Instructions) Airbnb
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhanashri, Kondra <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/116 Rpt: 28/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhanashri, Kondra	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhanashri, Kondra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhanashri, Kondra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, Maldonado	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) self
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, Maldonado	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Maldonado Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/116 Rpt: 29/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, Maldonado <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, Spain <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, ewen <hr/> Contributor address; City; State; Zip Code Media, PA 19063	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) pM		Employer (See Instructions) ACR
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doggett, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Smith <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/116 Rpt: 30/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 02/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna, Wright	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Valley Mills, TX 76689		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna, Wright	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Valley Mills, TX 76689		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna, Wright	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Valley Mills, TX 76689		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna, Wright	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Valley Mills, TX 76689		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna, Wright	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Valley Mills, TX 76689		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/116 Rpt: 31/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Barasch <hr/> 6 Contributor address; City; State; Zip Code South Salem, NY 10590	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Real estate		9 Employer (See Instructions) Self
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Sam, Manning <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Sam, Manning <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew, Kaufman <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) The Women's Fund of Central Ohio
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew, McConnell <hr/> Contributor address; City; State; Zip Code New York, NY 10035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Barcelona Restaurant Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/116 Rpt: 32/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E, Taylor <hr/> 6 Contributor address; City; State; Zip Code Oxford, OH 45056	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC, FENNER <hr/> Contributor address; City; State; Zip Code ANNAPOLIS, MD 21401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lease Analyst		Employer (See Instructions) Self Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edie, Burns <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11237	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Restaurant Manager		Employer (See Instructions) Graduate Hotels
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Palmieri <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Roblox
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Romaine <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Warner Bros Discovery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/116 Rpt: 33/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin, Massey	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Denver, CO 80211		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Gevo, Inc.
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine, Robbins	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) copyeditor		Employer (See Instructions) self
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisabeth, Jacobs	Amount of Contribution (\$) \$1.50
Contributor address; City; State; Zip Code Charlottesville, VA 22901		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisha, Berkowitz	Amount of Contribution (\$) \$3.60
Contributor address; City; State; Zip Code New York, NY 10033		
Principal occupation / Job title (See Instructions) Advertising Operations		Employer (See Instructions) Initiative
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Colvin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lago Vista, TX 78645		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/116 Rpt: 34/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Simson <hr/> 6 Contributor address; City; State; Zip Code Bonney lake, WA 98391	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Simson <hr/> Contributor address; City; State; Zip Code BONNEY LAKE, WA 98391	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Stack <hr/> Contributor address; City; State; Zip Code Miami, FL 33143	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Essay Advisor		Employer (See Instructions) Self employed
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Stewart <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Williams <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/116 Rpt: 35/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ella, Mora <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11225	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Senior Communications Manager		9 Employer (See Instructions) Situation Group
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsa, Zambrano <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Collins <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily, Andre <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily, Smith <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round rock isd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/116 Rpt: 36/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Moore <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95819	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nursing Director		9 Employer (See Instructions) UC Davis Health
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Pierron <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) Dell EMC
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Vormelker <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technical Coordinator		Employer (See Instructions) Texas Health and Human Services Commission
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica, May <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica, Shelton <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85210	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Mesa

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/116 Rpt: 37/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin, Nilon <hr/> 6 Contributor address; City; State; Zip Code St. Augustine, FL 32080	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Johnson & Johnson
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erkut, Sumru <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Cuellar <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Fenix Post Tension
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevan, Zarate <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevan, Zarate <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/116 Rpt: 38/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevan, Zarate <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevan, Zarate <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eve, Margolis <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everitt, Patti <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Jason <hr/> Contributor address; City; State; Zip Code Brighton, MA 02135	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Theater Manager		Employer (See Instructions) Emerson College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/116 Rpt: 39/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felix, Chavez <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance agent		9 Employer (See Instructions) Chavez Insurance Group
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferne, Kyba <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Flores III <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuerza Linda, Kitcher <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERRY, KARNISH <hr/> Contributor address; City; State; Zip Code BOULDER, CO 80304	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Karnish Interiors LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/116 Rpt: 40/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgia, Keysor <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald, Padbury <hr/> Contributor address; City; State; Zip Code Chicago, IL 60654	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Fundraising Consultant		Employer (See Instructions) Schultz & Williams
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerred, Olona <hr/> Contributor address; City; State; Zip Code Monterey, CA 93940	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) DOD
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginny, Gustin <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldin, John <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/116 Rpt: 41/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goula, Rebecca	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Bridgepoint , CT 06605		
8 Principal occupation / Job title (See Instructions) Sr Manager IT		9 Employer (See Instructions) Ross Stores
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg, Linden	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Oakland, CA 94602		
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UC Berkeley
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg, Linden	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oakland, CA 94602		
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UC Berkeley
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Mary	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwen, Roberts	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Manor, TX 78653		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Houghton Mifflin Harcourt

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/116 Rpt: 42/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadda, Jay <hr/> 6 Contributor address; City; State; Zip Code North Brunswick, NJ 08902	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Non-profit		9 Employer (See Instructions) Entertainment
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haikaz, Vardavarian <hr/> Contributor address; City; State; Zip Code Glendale, CA 91202	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Laud
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannah, Little <hr/> Contributor address; City; State; Zip Code Prescott Valley, AZ 86314	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Acorn Montessori
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedrich, Michaelson <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi, Thomason <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/116 Rpt: 43/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Ha <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Lead Analytics Consultant		9 Employer (See Instructions) Wells Fargo and Company
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heuberger, Helen <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollind, Kevo <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Reading Specialist		Employer (See Instructions) Montessori Country School
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollozen, Megan <hr/> Contributor address; City; State; Zip Code Redding, CT 06896	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Art Director		Employer (See Instructions) Bigtincan
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly, Quate <hr/> Contributor address; City; State; Zip Code Napa, CA 94559	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bookseller		Employer (See Instructions) Napa Bookmine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/116 Rpt: 44/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idona, Griffith <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) International Brotherhood of Electrical Workers <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Emil, Hunziker <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie, Jameson <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46203	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) UNVEILED
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Richard-Smith <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Sprout Social

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/116 Rpt: 45/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline, Dodson <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Self
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime, Bayo <hr/> Contributor address; City; State; Zip Code Miami, FL 33137	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Immigration Equality
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jake, Christensen <hr/> Contributor address; City; State; Zip Code Audubon, IA 50025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) In-house Counsel		Employer (See Instructions) Zoom
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Ullman <hr/> Contributor address; City; State; Zip Code Lexington, SC 29073	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Motorola Solutions
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie, Whitney <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) AHCV

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/116 Rpt: 46/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jammie, Butler <hr/> 6 Contributor address; City; State; Zip Code Granger, IN 46530	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Twinbrook Floral Desgin
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan, Nowlin <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan, Nowlin <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan, Nowlin <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane, Hensley <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/116 Rpt: 47/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane, Schachtel	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Evergreen, CO 80439		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane, Vovk	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane, Vovk	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janene, Niblock	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SFDC Xperts LLC
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasmine, Ahuja	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code New York, NY 10006		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Anomalo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/116 Rpt: 48/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Levin	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) Locus
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mellard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions) historian		Employer (See Instructions) Texas State University
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Yoga teacher		Employer (See Instructions) LASR
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Slp		Employer (See Instructions) TSBVI
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Yoga teacher		Employer (See Instructions) LASR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/116 Rpt: 49/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78726		
8 Principal occupation / Job title (See Instructions) Yoga teacher		9 Employer (See Instructions) LASR
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Slp		Employer (See Instructions) TSBVI
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Yoga teacher		Employer (See Instructions) LASR
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Hiller	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) LASR
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Rowsey	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/116 Rpt: 50/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Rowsey <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff, Sammon <hr/> Contributor address; City; State; Zip Code Astoria, NY 11106	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Dotdash Meredith
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen, Caballero <hr/> Contributor address; City; State; Zip Code New York, NY 10019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Colgate-Palmolive
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen, Halcomb <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34685	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Office		Employer (See Instructions) HTR
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeni, OKeefe <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55419	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) IRB Analyst		Employer (See Instructions) Children's Minnesota

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/116 Rpt: 51/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Mattingly <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Yi <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10002	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) The Martin Agency
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill, Ciske <hr/> Contributor address; City; State; Zip Code Madison, WI 53705	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Genetic counselor		Employer (See Instructions) Madison women's health
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill, Nokes <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, CONYNGHAM <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/116 Rpt: 52/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Marston <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy, Flannigan <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Austin Convention Enterprises Inc.
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy, Roberts-Miller <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$55.56
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo, Ivester <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer & Speaker		Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan, Barasch <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/116 Rpt: 53/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Akin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Gustafson <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85024	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Financial services		Employer (See Instructions) Charles Schwab & Co
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, LaPlante <hr/> Contributor address; City; State; Zip Code Holbrook, NY 11741	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director of Human Resources		Employer (See Instructions) Randa Apparel & Accessories
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan, Michaud <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Salt
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan, Michaud <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/116 Rpt: 54/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan, Shiller <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10128	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) tutor		9 Employer (See Instructions) self employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Skowronski <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Occupational therapist		Employer (See Instructions) Bayada
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Orta <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) none
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Orta <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) none
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Orta <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/116 Rpt: 55/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy, Dumas <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia, Bell <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Polaris Applied Sciences
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie, Oliver <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin, Godfrey <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President/Treasurer		Employer (See Instructions) Barilla Management Inc
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin, Knight <hr/> Contributor address; City; State; Zip Code Oakland Park, FL 33309	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) FirstService Residential

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/116 Rpt: 56/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin, Smith	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Los Angeles, CA 90038		
8 Principal occupation / Job title (See Instructions) Marketing Manager		9 Employer (See Instructions) Paramount
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin, Wadsworth	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Georgetown, TX 78626		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) PolicyWatch
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalpashree, Gupta	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lakeway, TX 78734		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Knekxt Group
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Lee, Ruckriegel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Lee, Ruckriegel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/116 Rpt: 57/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Lee, Ruckriegel	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78664		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Collins	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Collins	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, LaChapelle	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chicago, IL 60614		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) The Benida Group LLC
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Paul	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Los Alamitos, CA 90720		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/116 Rpt: 58/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kari, Hainlen <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Dell
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Lanuza <hr/> Contributor address; City; State; Zip Code New York, NY 10009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Self employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Murphy <hr/> Contributor address; City; State; Zip Code Canton, NY 13617	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) St Lawrence University
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Duff <hr/> Contributor address; City; State; Zip Code Round rock, TX 78664	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Duff <hr/> Contributor address; City; State; Zip Code Round rock, TX 78664	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/116 Rpt: 59/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Duff	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Round rock, TX 78664		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Duff	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Round rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathie, smestad	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Faribault, MN 55021		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen, Docter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Evanston, IL 60201		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Wilmette Public Schools
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen, McDonagh	Amount of Contribution (\$) \$4.17
Contributor address; City; State; Zip Code Austin, TX 78722		
Principal occupation / Job title (See Instructions) Early Childhood Music Specialist		Employer (See Instructions) Armstrong Community Music School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/116 Rpt: 60/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn, Cowling	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code BROOKLYN, NY 11201		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) CBRE
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn, Kizer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) PetSmart
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn, Rogers	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn, Ziegler	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Jenkintown, PA 19046		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Newborn special care
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy, Glanville	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Golden, CO 80401		
Principal occupation / Job title (See Instructions) Business analyst		Employer (See Instructions) Ellucian

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/116 Rpt: 61/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, Kehlenbach <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, Kehlenbach <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, Kehlenbach <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, Kehlenbach <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, McGinn <hr/> Contributor address; City; State; Zip Code Hortonville, WI 54944	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/116 Rpt: 62/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Wolking, Bratton <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Merrill <hr/> Contributor address; City; State; Zip Code Nashville, TN 37212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Property management		Employer (See Instructions) Self employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Alvarez <hr/> Contributor address; City; State; Zip Code Ladera Ranch, CA 92694	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lawn Fawn
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Ridgway <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11211	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP Marketing		Employer (See Instructions) KR Consults
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey, Huse <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) realtor.com

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/116 Rpt: 63/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth, Gober <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Lee Gober & Reyna
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry, Brosnihan <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry, Cathcart <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Calomino <hr/> Contributor address; City; State; Zip Code Wheat Ridge, CO 80033	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly, Dougherty <hr/> Contributor address; City; State; Zip Code Chadds ford, PA 19317	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/116 Rpt: 64/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkland, Shirley	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kit, Killian	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Fond du Lac, WI 54937		
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Find du Lac Public Library
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristofer, Pistillo	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mahopac, NY 10541		
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Vox media
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle, Hunt	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Phoenix, AZ 85020		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) PayPal
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle, Matthews	Amount of Contribution (\$) \$1.50
Contributor address; City; State; Zip Code Milwaukee, WI 53208		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Bank

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/116 Rpt: 65/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laca, Tines <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10023	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lana, Stone <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lana, Stone <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry, Karnoff <hr/> Contributor address; City; State; Zip Code BOCA RATON, FL 33431	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) No employer		Employer (See Instructions) No employer
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura, Burkhart <hr/> Contributor address; City; State; Zip Code Brentwood, TN 37027	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/116 Rpt: 66/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura, Burkhart <hr/> 6 Contributor address; City; State; Zip Code Brentwood, TN 37027	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura, OToole <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Germer Beaman Brown PLLC
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura, Wilcox <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureen, Born <hr/> Contributor address; City; State; Zip Code Florence, TX 76527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureen, Born <hr/> Contributor address; City; State; Zip Code Florence, TX 76527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/116 Rpt: 67/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureen, Born <hr/> 6 Contributor address; City; State; Zip Code Florence, TX 76527	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureen, Born <hr/> Contributor address; City; State; Zip Code Florence, TX 76527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureen, Born <hr/> Contributor address; City; State; Zip Code Florence, TX 76527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Bratlien <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85249	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Jones <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Marketing consultant		Employer (See Instructions) Self-employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/116 Rpt: 68/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavern, Lutes <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Electrical Engineer		9 Employer (See Instructions) Psemi Corporation
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leasa, Neaves <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Coach		Employer (See Instructions) Leasa Neaves
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy, Li <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) The New 42nd Street Inc.
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, Ragland <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, Siba <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/116 Rpt: 69/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, F <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Metalworker		9 Employer (See Instructions) self
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Astill <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Bell <hr/> Contributor address; City; State; Zip Code MANLIUS, NY 13104	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) No employer		Employer (See Instructions) No employer
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Klann <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Misakian <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) OAUSD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/116 Rpt: 70/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Odil <hr/> 6 Contributor address; City; State; Zip Code Gilbert, AZ 85296	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) UX Designer		9 Employer (See Instructions) GoDaddy
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Anthony-Bacchione <hr/> Contributor address; City; State; Zip Code Studio City, CA 91602	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions) UCLA
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lis, Lyndsey <hr/> Contributor address; City; State; Zip Code Concord, MA 01742	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Kaplan
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Cornell <hr/> Contributor address; City; State; Zip Code Richmond, VA 23221	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Duchon <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/116 Rpt: 71/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Duchon <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Duchon <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Frigge <hr/> Contributor address; City; State; Zip Code Troy, OH 45373	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Moore <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Maricopa County Community College District
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Schneider <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician/Teacher		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/116 Rpt: 72/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz, Roth <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10009	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) Ruder Finn
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz, Sexton <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Event Planner		Employer (See Instructions) Tolo Events
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz, Zelandais <hr/> Contributor address; City; State; Zip Code Fitchburg, WI 53711	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Business analyst		Employer (See Instructions) State of Wisconsin - DOA-DET
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Doggett for Congress <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loren, Williams <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Partner Director		Employer (See Instructions) Broadcom

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/116 Rpt: 73/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou, Bridges <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis, LeLaurin <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn, Stewart <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Travis County
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M, Ward <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madeleine, breed <hr/> Contributor address; City; State; Zip Code Annapolis, MD 21403	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Rightpoint

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/116 Rpt: 74/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggie, Meador <hr/> 6 Contributor address; City; State; Zip Code Viroqua, WI 54665	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Homeschool mom		9 Employer (See Instructions) Children
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Hale <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Np		Employer (See Instructions) John Naus MD, PA
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret, Clifford <hr/> Contributor address; City; State; Zip Code OLYMPIA, WA 98501	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret, Kelly <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Allen <hr/> Contributor address; City; State; Zip Code Salt lake city, UT 84111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales manager		Employer (See Instructions) Goldenwest credit union

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/116 Rpt: 75/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Gaston	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Durham, NC 27707		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Munoz	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066		
Principal occupation / Job title (See Instructions) LCSW		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Munoz	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066		
Principal occupation / Job title (See Instructions) LCSW		Employer (See Instructions) Self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Pintar	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Seattle, WA 98144		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) King County DCHS
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie, Simons	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lago Vista, TX 78645		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/116 Rpt: 76/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marielle, Ferreboeuf <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94110	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marika, Jeffery <hr/> Contributor address; City; State; Zip Code La Mesa, CA 91941	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) San Diego Public Library
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario, Martinucci <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55414	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion, Alsup <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisa, Goldberg <hr/> Contributor address; City; State; Zip Code hartsdale, NY 10530	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/116 Rpt: 77/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Lucas <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) IT PROJECT MANAGER		9 Employer (See Instructions) ERCOT TEXAS
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas <hr/> Contributor address; City; State; Zip Code Rahway, NJ 07065	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsallo, Courtney <hr/> Contributor address; City; State; Zip Code Collingswood, NJ 08108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Director of Giving		Employer (See Instructions) Bronx Science
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Flores <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Diagnostician		Employer (See Instructions) Robstown
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Kelly <hr/> Contributor address; City; State; Zip Code ROUNDROCK, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Secure Bearing

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/116 Rpt: 78/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt, Forrest	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Philadelphia, PA 19146		
8 Principal occupation / Job title (See Instructions) Grants Manager		9 Employer (See Instructions) AmeriCorps
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew, Horowitz	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Angeles, CA 90004		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) CAA
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew, Tang	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Estée Lauder
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max, von Essen	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code New York, NY 10036		
Principal occupation / Job title (See Instructions) Performer		Employer (See Instructions) Max von Essen Inc
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, JoAnn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/116 Rpt: 79/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan, Field	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78757		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan, Hull	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20009		
Principal occupation / Job title (See Instructions) Activist		Employer (See Instructions) Self
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melisa, Markman	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code AUSTIN, TX 78731		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa, Waelchli	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa, Waelchli	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/116 Rpt: 80/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa, Waelchli <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) AACNS
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa, Waelchli <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa, Wiginton <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) higher ed vp		Employer (See Instructions) austin seminary
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Pierce <hr/> Contributor address; City; State; Zip Code Del Mar, CA 92014	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Andrea <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Public health analysis		Employer (See Instructions) HHS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/116 Rpt: 81/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Baumwoll <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Barry Slater Inc
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Bergen <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Art Director		Employer (See Instructions) Federal Reserve Bank of San Francisco
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Cleghorn <hr/> Contributor address; City; State; Zip Code Clarksville, TN 37042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Devore <hr/> Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$5.56
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Endres <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Product Director		Employer (See Instructions) Gan

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/116 Rpt: 82/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Heitzman <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Hi Ho Productions Inc
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Santiago <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70118	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Usda
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Taylor <hr/> Contributor address; City; State; Zip Code Delmar, NY 12054	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Albany
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Thorstensen <hr/> Contributor address; City; State; Zip Code Rancho Mission Viejo, CA 92694	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michal, Munoz <hr/> Contributor address; City; State; Zip Code Tacoma, WA 98405	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Program manager		Employer (See Instructions) PSE

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/116 Rpt: 83/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Laussen <hr/> 6 Contributor address; City; State; Zip Code CHICAGO, IL 60640	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Software product management		9 Employer (See Instructions) Revvity
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Rea <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate client director		Employer (See Instructions) Nielsen consumer llc
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Real <hr/> Contributor address; City; State; Zip Code Hutto TX, TX 78634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) The State of Texas
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike, Linshi <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) DoorDash
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy, Hastie <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/116 Rpt: 84/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mollie, Snow	7 Amount of Contribution (\$) \$2.09
6 Contributor address; City; State; Zip Code Austin, TX 78750		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Einhorn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Einhorn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Einhorn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Einhorn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/116 Rpt: 85/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nena, Mirkovic <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77385	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Millennium physicians
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichole, Abshire <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Nichole Abshire
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolas, Martinez <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Booz Allen Hamilton
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina, Brodsky <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) bookkeeper and artist		Employer (See Instructions) self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nita, Mehta <hr/> Contributor address; City; State; Zip Code San Diego, CA 92127	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/116 Rpt: 86/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia, D'Accordo <hr/> 6 Contributor address; City; State; Zip Code Greenlawn, NY 11740	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Genetic counselor		9 Employer (See Instructions) Northwell
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETRA, SANCHEZ <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) FINANCE MANAGER		Employer (See Instructions) INDICIUM SOLUTIONS
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela, Welch <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Home Health Worker		Employer (See Instructions) In Home Attendant Care Services
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela D, Pruitt <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$4.16
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paola, Eisler <hr/> Contributor address; City; State; Zip Code East hampton, NY 10025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/116 Rpt: 87/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Welch <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Civil Engineering		9 Employer (See Instructions) City of Austin
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia, Coindreau <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) St Davids
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick M, Blackard <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Bullis <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) IBM
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula, Everett <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/116 Rpt: 88/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula, Everett	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula, Everett	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probbler, Benjamin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bridgewater, CT 06752		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Moneylion
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON, COLDIRON	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code AUSTIN, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) no more!
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Race, Bannon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Francisco, CA 94114		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/116 Rpt: 89/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, Fenn <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, Kay <hr/> Contributor address; City; State; Zip Code BOTHELL, WA 98011	Amount of Contribution (\$) \$4.40
Principal occupation / Job title (See Instructions) Dietitian		Employer (See Instructions) Hospital
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachelle, Ambrose <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SMS LLC
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachelle, Edwards <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel, Acedo-Lopez <hr/> Contributor address; City; State; Zip Code Riverside, CA 92503	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/116 Rpt: 90/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Eklund	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Yorktown Heights, NY 10598		
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Hughes	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Levin	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Asheville, NC 28806		
Principal occupation / Job title (See Instructions) Homeschool parent		Employer (See Instructions) Sahm
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Lightsey	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Am Gateways
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Molis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/116 Rpt: 91/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Molis <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Dell
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Molis <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Molis <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Semegram <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Legal aid
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Stone <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/116 Rpt: 92/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Thayer <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11238	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Platform
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Marcia <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rithika, Ramakrishnan <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90278	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Infectious Disease Specialists of Long Beach
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Burger <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hensley <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/116 Rpt: 93/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hensley	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Taylor, TX 76574		
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) State of Texas
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hensley	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of Texas
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hensley	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of Texas
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hensley	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of Texas
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Norris	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/116 Rpt: 94/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Rutishauser	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Schindler	Amount of Contribution (\$) \$3.13
Contributor address; City; State; Zip Code St Charles, MO 63304		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Breed	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rod, Thomas	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New York, NY 10003		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronna, Scott	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Folsom, CA 95630		
Principal occupation / Job title (See Instructions) Leadership Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/116 Rpt: 95/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblum, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Roslindale, MA 02130	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, John <hr/> Contributor address; City; State; Zip Code Gorham, ME 04038	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Manager Registrar		Employer (See Instructions) Portland Conservation
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rune, Stromsness <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) University of California
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rune, Stromsness <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) University of California
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Kiely <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Revenue Enablement		Employer (See Instructions) Monday.com

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/116 Rpt: 96/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Theuninck	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Terrell Hills, TX 78209		
8 Principal occupation / Job title (See Instructions) Merchandising		9 Employer (See Instructions) HEB
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahand, Mirzahossein	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Francisco, CA 94117		
Principal occupation / Job title (See Instructions) Director - Global Value & Access		Employer (See Instructions) Gilead Sciences
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam, Arnold	Amount of Contribution (\$) \$4.16
Contributor address; City; State; Zip Code Austin, TX 78753		
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Liaison Resources
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam, Martin	Amount of Contribution (\$) \$51.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha, Papadakis	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Auston, TX 78748		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Target

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/116 Rpt: 97/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Brannon <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Clergy		9 Employer (See Instructions) St Peter's Elgin
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Brannon <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) St Peter's Elgin
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Brannon <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) St Peter's Elgin
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Brannon <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) St Peter's Elgin
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandi, Bone <hr/> Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/116 Rpt: 98/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Chacon <hr/> 6 Contributor address; City; State; Zip Code austin, TX 78728	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Dental hygienist		9 Employer (See Instructions) Texas Periodontist
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Kelly <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92009	Amount of Contribution (\$) \$11.30
Principal occupation / Job title (See Instructions) Recreation Leader		Employer (See Instructions) City of Carlsbad
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Ahmed <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Genetic counselor		Employer (See Instructions) Labcorp
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Ahmed <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Genetic counselor		Employer (See Instructions) Labcorp
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Ahmed <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Genetic counselor		Employer (See Instructions) Labcorp

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/116 Rpt: 99/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Ahmed <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Genetic counselor		9 Employer (See Instructions) Labcorp
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Barlow <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) nanny		Employer (See Instructions) self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Deavers <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Social Media Manager		Employer (See Instructions) EcoJobs
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Eckley <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Global partner manager		Employer (See Instructions) GitLab
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Fox <hr/> Contributor address; City; State; Zip Code Chicago, IL 60642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) bunny		Employer (See Instructions) rabbit

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/116 Rpt: 100/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Griffin	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78681		
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Student
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Griffin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code ROUND ROCK, TX 78681		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Nicholas	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Framingham, MA 01702		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) BoConcept
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Nicholas	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Framingham, MA 01702		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) BoConcept
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotch, Crisostomo	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code West Hollywood, CA 90046		
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) Warner Bros

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/116 Rpt: 101/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Bishop <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10003	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) Stroman Productions
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Milder <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Scott Milder
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Rhode <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Experian
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Hopkins <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) co-founder		Employer (See Instructions) RootedGood
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Hopkins <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) co-founder		Employer (See Instructions) RootedGood

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/116 Rpt: 102/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Hopkins <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Cofounder		9 Employer (See Instructions) Rootedgood
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Probe <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Probe <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Probe <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Probe <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/116 Rpt: 103/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharer, Olga <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon, Cummings <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn, Dempsey <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn, Dempsey <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shayne, Walton <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Lakeshore learning materials

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/116 Rpt: 104/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelley, Allison <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheri, Ranis <hr/> Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) State of texas
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shorr, Karen <hr/> Contributor address; City; State; Zip Code Beverly, MA 01915	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sivashankar, Manoharan <hr/> Contributor address; City; State; Zip Code CINCINNATI, OH 45214	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Manufacturing Engineer		Employer (See Instructions) CTL Aerospace
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solange, Hommel <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/116 Rpt: 105/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code West Hartford, CT 06107	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) AE		9 Employer (See Instructions) Lockton
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy, Hicks <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) KW
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefan, Fehr <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Austin Public Health
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steph, Gustafson <hr/> Contributor address; City; State; Zip Code Denver, CO 80205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) PDSVISION
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie, Ellis <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sustainability consulting		Employer (See Instructions) SCS Consulting

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/116 Rpt: 106/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie, Jarnigan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Office Administrator		9 Employer (See Instructions) Edward Jones
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Sollitto <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Makeup artist		Employer (See Instructions) Self employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Sposato <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of Chicago
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, Alexander <hr/> Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Fundraising		Employer (See Instructions) KUOW
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, Aultman <hr/> Contributor address; City; State; Zip Code Kensington, CA 94708	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/116 Rpt: 107/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Whitlow	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Austin, TX 78759		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Texas Legal Services Center
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Whitlow	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Legal Services Center
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumit, DasGupta	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun City Democrats Club	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun City Democrats Club	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/116 Rpt: 108/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Duncan <hr/> 6 Contributor address; City; State; Zip Code Cordova, TN 38018	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Computer Programmer		9 Employer (See Instructions) First Horizon Bank
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Hobbs <hr/> Contributor address; City; State; Zip Code Cupertino, CA 95014	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Lofton <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Lago Vista ISD
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Pintchovski <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Stewart <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/116 Rpt: 109/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Stewart <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Wukasch <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Wukasch <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Cotsakos <hr/> Contributor address; City; State; Zip Code Woodland Hills, CA 91367	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Rahman <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Solaris

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/116 Rpt: 110/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Roquemore <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzii, March <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy, Lofton <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy, Lofton <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy, Lofton <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/116 Rpt: 111/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy, Lofton <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Deputy Superintendent		9 Employer (See Instructions) Lago Vista ISD
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy, Lofton <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzy, Lofton Bullis <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia, Perry <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY, FISHER <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/116 Rpt: 112/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY, FISHER <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy, Conrad <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Round Rock ISD
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy, Conrad <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Round Rock ISD
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Ourada <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Oath
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa, Blanton <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) RRISD

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/116 Rpt: 113/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry G, Cook <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Elected Official		9 Employer (See Instructions) Williamson County
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State COPE Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibaut, Paciello <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11211	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Goyard
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thom, Kam <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10006	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) UX Architect		Employer (See Instructions) Wells Fargo
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Mary <hr/> Contributor address; City; State; Zip Code Boston, MA 02130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Liberty Mutual

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/116 Rpt: 114/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson, Geary <hr/> 6 Contributor address; City; State; Zip Code New Orleans, LA 70115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Interior design		9 Employer (See Instructions) Self
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UA Plumbers & Pipefitters Local 286 PAC Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ursula, Smith <hr/> Contributor address; City; State; Zip Code Chesterfield, MO 63017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uthman, Olagoke <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie, Grant <hr/> Contributor address; City; State; Zip Code Estero, FL 33928	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/116 Rpt: 115/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa, MacDougal <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) software engineer		9 Employer (See Instructions) Rapid7
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, Scott <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) University of Texas
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki, Batson <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered nurse		Employer (See Instructions) Seton Medical Center Williamson
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki, Batson <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered nurse		Employer (See Instructions) Seton Medical Center Williamson
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki, Batson <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered nurse		Employer (See Instructions) Seton Medical Center Williamson

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/116 Rpt: 116/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Friend <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78732	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) photographer		9 Employer (See Instructions) portrait pros
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vimal, Manohar <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21201	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Software Engg		Employer (See Instructions) Meta
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia, Agnew <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.84
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions) Herring & Irwin L.L.P.
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Roquemore <hr/> Contributor address; City; State; Zip Code Gerogetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Dumas <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Development Officer		Employer (See Instructions) Lambda Legal

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/116 Rpt: 117/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Wilkes <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Organizational trainer		9 Employer (See Instructions) University of Texas
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wismer, Travis <hr/> Contributor address; City; State; Zip Code Sharon, CT 06069	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Estate Manager		Employer (See Instructions) Joan Ganz
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kyle <hr/> Contributor address; City; State; Zip Code Providence, RI 02903	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Wayfair
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zowader, Ruth <hr/> Contributor address; City; State; Zip Code Madison, NJ 07940	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) None

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/116 Rpt: 118/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zsofia, Mannava <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28211	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) self		9 Employer (See Instructions) self
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) byron, Lemmond <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) byron, Lemmond <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) byron, Lemmond <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) byron, Lemmond <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/116 Rpt: 119/140
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) herb, krasner	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Spicewood, TX 78669		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) herb, krasner	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spicewood, TX 78669		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jacqueline, Ellis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) project manager		Employer (See Instructions) sailpoint
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) margo, Haley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) melinda, lynch	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) behavior analyst		Employer (See Instructions) self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/20/2024	5 Payee name 7-Eleven	
6 Amount (\$) \$55.06	7 Payee address; City; State; Zip Code 3431 W William Cannon Dr Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2024	Payee name ActBlue - Williamson County Dems	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Willco Democrats
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name ActBlue	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For Democratic Convention
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 02/25/2024	5 Payee name ActBlue	
6 Amount (\$) \$16.04	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2024	Payee name ActBlue	
Amount (\$) \$9.29	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2024	Payee name ActBlue	
Amount (\$) \$5.54	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/17/2024	5 Payee name ActBlue	
6 Amount (\$) \$18.01	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2024	Payee name ActBlue	
Amount (\$) \$12.47	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name ActBlue	
Amount (\$) \$36.25	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/21 Rpt:	2	FILER NAME Birkholz, Jennifer K. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087222	
4	Date 04/07/2024	5	Payee name ActBlue			
6	Amount (\$) \$3.14	7	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 04/14/2024		Payee name ActBlue			
	Amount (\$) \$18.56		Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 04/21/2024		Payee name ActBlue			
	Amount (\$) \$66.58		Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/28/2024	5 Payee name ActBlue	
6 Amount (\$) \$11.87	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2024	Payee name ActBlue	
Amount (\$) \$45.94	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2024	Payee name ActBlue	
Amount (\$) \$61.82	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/21 Rpt:	2	FILER NAME Birkholz, Jennifer K. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087222
4	Date 05/19/2024	5	Payee name ActBlue		
6	Amount (\$) \$26.62	7	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/26/2024		Payee name ActBlue		
	Amount (\$) \$22.86		Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/02/2024		Payee name ActBlue		
	Amount (\$) \$57.46		Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/09/2024	5 Payee name ActBlue	
6 Amount (\$) \$40.24	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2024	Payee name ActBlue	
Amount (\$) \$66.49	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2024	Payee name ActBlue	
Amount (\$) \$47.01	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/21 Rpt:	2	FILER NAME Birkholz, Jennifer K. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087222
4	Date 06/30/2024	5	Payee name ActBlue		
6	Amount (\$) \$246.35	7	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 04/20/2024		Payee name Alamo Coffee		
	Amount (\$) \$9.12		Payee address; City; State; Zip Code 1021 Sendero Springs Round Rock, TX 78681		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense With Constituents		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 03/13/2024		Payee name Austin Central Library		
	Amount (\$) \$11.00		Payee address; City; State; Zip Code 2nd Street Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Event		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/08/2024	5 Payee name Austin-Berstrom Airport	
6 Amount (\$) \$36.00	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2024	Payee name Cafe 290	
Amount (\$) \$5.13	Payee address; City; State; Zip Code 11011 US290 Manor, TX 78653	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2024	Payee name Canva	
Amount (\$) \$119.99	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/09/2024	5 Payee name Chevron	
6 Amount (\$) \$47.07	7 Payee address; City; State; Zip Code 2403 Williams Dr Georgetown, TX 78628	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name Chevron	
Amount (\$) \$37.80	Payee address; City; State; Zip Code I-10 E Kent, TX 79855	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Dem Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name Democracy Engine	
Amount (\$) \$27.76	Payee address; City; State; Zip Code 2125 14TH STREET, NW, #101W Washington, DC 20009	
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 Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
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4 Date 06/23/2024	5 Payee name Democracy Engine
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6 Amount (\$) \$1.07	7 Payee address; City; State; Zip Code 2125 14TH STREET, NW, #101W Washington, DC 20009
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/16/2024	Payee name Democracy Engine
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Amount (\$) \$53.62	Payee address; City; State; Zip Code 2125 14TH STREET, NW, #101W Washington, DC 20009
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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 Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/23/2024	Payee name Exon
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Amount (\$) \$53.47	Payee address; City; State; Zip Code 1601 E Whitestone Blvd, Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/17/2024	5 Payee name Facebook	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1 hacker way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/16/2024	Payee name Facebook	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 1 hacker way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense on-line ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name HEB	
Amount (\$) \$40.52	Payee address; City; State; Zip Code E. Whitestone Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/supplies for events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/10/2024	5 Payee name Helpwilco Kids	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code P.O. Box 1065 Georgetown, TX 78627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket Fee for event
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/28/2024	Payee name Mailchimp	
Amount (\$) \$63.00	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailserver
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/11/2024	Payee name Mailchimp	
Amount (\$) \$6.83	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail service
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/24/2024	5 Payee name Mailchimp	
6 Amount (\$) \$47.25	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail Service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2024	Payee name Mailchimp	
Amount (\$) \$63.00	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense emails
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name Mailchimp	
Amount (\$) \$63.00	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emails
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/25/2024	5 Payee name MediaNation	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 5615 North Humboldt Avenue Peoria, IL 61614	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name MediaNation	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 5615 North Humboldt Avenue Peoria, IL 61614	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2024	Payee name Michaels Store #5038	
Amount (\$) \$31.37	Payee address; City; State; Zip Code 14028 US 183 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies, paper
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 05/27/2024	5 Payee name Namebadge.com	
6 Amount (\$) \$38.23	7 Payee address; City; State; Zip Code 12240 SW 53rd Street Cooper City, FL 33330	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Badge
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2024	Payee name Olive Garden	
Amount (\$) \$150.33	Payee address; City; State; Zip Code Hesters Crossing Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/08/2024	Payee name One9	
Amount (\$) \$9.97	Payee address; City; State; Zip Code 25QM VanHorn, TX 79855	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 03/15/2024	5 Payee name Orta, Jose	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1320 Howard St Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2024	Payee name Pressable	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 60 29th St. #343 San Francisco, CA 94119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name QT	
Amount (\$) \$58.32	Payee address; City; State; Zip Code Old Settlers Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/06/2024	5 Payee name QT	
6 Amount (\$) \$46.12	7 Payee address; City; State; Zip Code Old Settlers Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2024	Payee name Round Rock Public Library	
Amount (\$) \$160.00	Payee address; City; State; Zip Code Liberty St Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2024	Payee name Round Rock Public Library	
Amount (\$) \$300.00	Payee address; City; State; Zip Code Liberty St Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 04/29/2024	5 Payee name Squarespace	
6 Amount (\$) \$153.00	7 Payee address; City; State; Zip Code 225 Varick St 12th Floor New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website/Domain
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2024	Payee name Squarespace	
Amount (\$) \$201.60	Payee address; City; State; Zip Code 225 Varick St 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website email hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Starbucks 53861	
Amount (\$) \$11.72	Payee address; City; State; Zip Code 3637 Far West Blv Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
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4 Date 03/12/2024	5 Payee name Sun City Democrats Club
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6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1530 Sun City Blvd Suite 120 Georgetown, TX 78633
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2024	Payee name Target
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Amount (\$) \$18.39	Payee address; City; State; Zip Code 1101 Cbar Ranch Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/01/2024	Payee name Target
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Amount (\$) \$8.21	Payee address; City; State; Zip Code 1101 Cbar Ranch Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/21 Rpt:	2 FILER NAME Birkholz, Jennifer K. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087222
4 Date 06/18/2024	5 Payee name Taylor Chamber of Commerce	
6 Amount (\$) \$65.00	7 Payee address; City; State; Zip Code 1519 N Main St Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2024	Payee name USPS	
Amount (\$) \$13.60	Payee address; City; State; Zip Code 797 Sam Bass Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2024	Payee name USPS	
Amount (\$) \$182.00	Payee address; City; State; Zip Code 797 Sam Bass Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO box rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held