

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00068897	<b>2 Total pages filed:</b> 221
<b>3 COMMITTEE NAME</b> Battleground Texas		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2024	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 11525  Austin, TX 78711	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR FIRST MI Ms. Jennifer	
		NICKNAME LAST SUFFIX Brown	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 11525  Austin, TX 78711	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 11525  Austin, TX 78711	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION (512) 270-0583	
<b>9 REPORT TYPE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10 PERIOD COVERED</b>		Month Day Year      Month Day Year 01/01/2024      THROUGH      06/30/2024	
<b>11 ELECTION</b>		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Battleground Texas	<b>13 Filer ID</b> (Ethics Commission Filers) 00068897
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 553,151.01
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 1,244.93
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 542,435.16
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 105,466.54
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Jennifer Brown  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Battleground Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00068897
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 553,151.01
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 522,947.69
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 19,487.47
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,652.52

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/163 Rpt: 4/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albro, Katherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harwich, MA 02645	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Chef		<b>9</b> Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albro, Katherine <hr/> Contributor address; City; State; Zip Code  Harwich, MA 02645	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albro, Katherine <hr/> Contributor address; City; State; Zip Code  Harwich, MA 02645	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albro, Katherine <hr/> Contributor address; City; State; Zip Code  Harwich, MA 02645	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albro, Katherine <hr/> Contributor address; City; State; Zip Code  Harwich, MA 02645	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/163 Rpt: 5/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albro, Katherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harwich, MA 02645	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Chef		<b>9</b> Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alex, Sheela <hr/> Contributor address; City; State; Zip Code  Encinitas, CA 92024	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alex, Sheela <hr/> Contributor address; City; State; Zip Code  Encinitas, CA 92024	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alex, Sheela <hr/> Contributor address; City; State; Zip Code  Encinitas, CA 92024	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alex, Sheela <hr/> Contributor address; City; State; Zip Code  Encinitas, CA 92024	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/163 Rpt: 6/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alex, Sheela	<b>7</b> Amount of Contribution (\$)  \$3.12
<b>6</b> Contributor address; City; State; Zip Code  Encinitas, CA 92024		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alex, Sheela	Amount of Contribution (\$)  \$3.12
Contributor address; City; State; Zip Code  Encinitas, CA 92024		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baedeker, Laura	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Oakland, CA 94611		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baedeker, Laura	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Oakland, CA 94611		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baedeker, Laura	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Oakland, CA 94611		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/163 Rpt: 7/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baedeker, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Oakland, CA 94611	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baedeker, Laura <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94611	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baedeker, Laura <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94611	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartley, David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/163 Rpt: 8/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Maria	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723		
<b>8</b> Principal occupation / Job title (See Instructions) Data Scientist		<b>9</b> Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Maria	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78723		
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Maria	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78723		
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellotto, Rebecca	Amount of Contribution (\$)  \$2.27
Contributor address; City; State; Zip Code  Los Angeles, CA 90026		
Principal occupation / Job title (See Instructions) TV Writer		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellotto, Rebecca	Amount of Contribution (\$)  \$2.27
Contributor address; City; State; Zip Code  Los Angeles, CA 90026		
Principal occupation / Job title (See Instructions) TV Writer		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/163 Rpt: 9/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellotto, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	<b>7</b> Amount of Contribution (\$)  \$2.27
<b>8</b> Principal occupation / Job title (See Instructions) TV Writer		<b>9</b> Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellotto, Rebecca <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) TV Writer		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellotto, Rebecca <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) TV Writer		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellotto, Rebecca <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) TV Writer		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bierly, Phoebe <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) International development		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/163 Rpt: 10/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bierly, Phoebe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20003	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) International development		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bierly, Phoebe <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) International development		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bierly, Phoebe <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) International development		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bierly, Phoebe <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) International development		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bierly, Phoebe <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) International development		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/163 Rpt: 11/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Cindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Cindy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Cindy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Cindy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Cindy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/163 Rpt: 12/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigham, Cindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Ada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77033	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Ada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77033	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Ada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77033	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Ada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77033	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/163 Rpt: 13/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Ada	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77033		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Ada	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Houston, TX 77033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boles, Chase	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78741		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boles, Chase	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78741		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boles, Chase	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78741		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/163 Rpt: 14/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boles, Chase <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78741	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boles, Chase <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boles, Chase <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordow, Alissa <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordow, Alissa <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/163 Rpt: 15/221
2 FILER NAME Battleground Texas		3 Filer ID (Ethics Commission Filers) 00068897
4 Date 03/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordow, Alissa	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code  San Francisco, CA 94117	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordow, Alissa	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  San Francisco, CA 94117	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordow, Alissa	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  San Francisco, CA 94117	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bordow, Alissa	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  San Francisco, CA 94117	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bothfeld, Emily	Amount of Contribution (\$) \$1.92
	Contributor address; City; State; Zip Code  Evanston, IL 60201	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/163 Rpt: 16/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bothfeld, Emily	<b>7</b> Amount of Contribution (\$) \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Evanston, IL 60201		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bothfeld, Emily	Amount of Contribution (\$) \$1.92
Contributor address; City; State; Zip Code  Evanston, IL 60201		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownscombe, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownscombe, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownscombe, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/163 Rpt: 17/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownscombe, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buck, Kathryn <hr/> Contributor address; City; State; Zip Code  New York, NY 10011	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Edu		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buck, Kathryn <hr/> Contributor address; City; State; Zip Code  New York, NY 10011	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Edu		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/163 Rpt: 18/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buck, Kathryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10011	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Edu		<b>9</b> Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butzier, Alex <hr/> Contributor address; City; State; Zip Code  San Jose, CA 95134	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butzier, Alex <hr/> Contributor address; City; State; Zip Code  San Jose, CA 95134	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Candeloro, Deanna <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37215	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Sarah <hr/> Contributor address; City; State; Zip Code  Jersey City, NJ 07307	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Media & Advertising		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/163 Rpt: 19/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jersey City, NJ 07307	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Media & Advertising		<b>9</b> Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Sarah <hr/> Contributor address; City; State; Zip Code  Jersey City, NJ 07307	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Media & Advertising		Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Sarah <hr/> Contributor address; City; State; Zip Code  Jersey City, NJ 07307	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Media & Advertising		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Sarah <hr/> Contributor address; City; State; Zip Code  Jersey City, NJ 07307	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Media & Advertising		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Sarah <hr/> Contributor address; City; State; Zip Code  Jersey City, NJ 07307	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Media & Advertising		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/163 Rpt: 20/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cato, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cato, Mary <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cato, Mary <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cato, Mary <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cato, Mary <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/163 Rpt: 21/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cato, Mary	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Colleen	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code  San Francisco, CA 94107		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Colleen	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code  San Francisco, CA 94107		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Colleen	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code  San Francisco, CA 94107		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Colleen	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code  San Francisco, CA 94107		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/163 Rpt: 22/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Colleen	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94107		
<b>8</b> Principal occupation / Job title (See Instructions) Business		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Colleen	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  San Francisco, CA 94107		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Ally	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Brooklyn, NY 11216		
Principal occupation / Job title (See Instructions) Brand Strategist		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Ally	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Brooklyn, NY 11216		
Principal occupation / Job title (See Instructions) Brand Strategist		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Ally	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Brooklyn, NY 11216		
Principal occupation / Job title (See Instructions) Brand Strategist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/163 Rpt: 23/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Ally	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>6</b> Contributor address; City; State; Zip Code  Brooklyn, NY 11216		
<b>8</b> Principal occupation / Job title (See Instructions) Brand Strategist		<b>9</b> Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Ally	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Brooklyn, NY 11216		
Principal occupation / Job title (See Instructions) Brand Strategist		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Ally	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Brooklyn, NY 11216		
Principal occupation / Job title (See Instructions) Brand Strategist		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Austin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  SEATTLE, WA 98109		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Austin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  SEATTLE, WA 98109		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/163 Rpt: 24/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Austin	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
<b>6</b> Contributor address; City; State; Zip Code  SEATTLE, WA 98109		
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Austin	Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
Contributor address; City; State; Zip Code  SEATTLE, WA 98109		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Austin	Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
Contributor address; City; State; Zip Code  SEATTLE, WA 98109		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheng, Nathan	Amount of Contribution (\$) <span style="float: right;">\$2.00</span>
Contributor address; City; State; Zip Code  San Mateo, CA 94403		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheng, Nathan	Amount of Contribution (\$) <span style="float: right;">\$2.00</span>
Contributor address; City; State; Zip Code  San Mateo, CA 94403		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/163 Rpt: 25/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheng, Nathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Mateo, CA 94403	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiera, Laura <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94112	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiera, Laura <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94112	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiera, Laura <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94112	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiera, Laura <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94112	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/163 Rpt: 26/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiera, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94112	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiera, Laura <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94112	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay, Kimberly <hr/> Contributor address; City; State; Zip Code  New York, NY 10027	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Law Graduate		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay, Kimberly <hr/> Contributor address; City; State; Zip Code  New York, NY 10027	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Law Graduate		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay, Kimberly <hr/> Contributor address; City; State; Zip Code  New York, NY 10027	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Law Graduate		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/163 Rpt: 27/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10027	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Law Graduate		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay, Kimberly <hr/> Contributor address; City; State; Zip Code  New York, NY 10027	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Law Graduate		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay, Kimberly <hr/> Contributor address; City; State; Zip Code  New York, NY 10027	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Law Graduate		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyer, Janine <hr/> Contributor address; City; State; Zip Code  Maplewood, NJ 07040	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Legal business development manager		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyer, Janine <hr/> Contributor address; City; State; Zip Code  Maplewood, NJ 07040	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Legal business development manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/163 Rpt: 28/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyer, Janine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Maplewood, NJ 07040	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Legal business development manager		<b>9</b> Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyer, Janine <hr/> Contributor address; City; State; Zip Code  Maplewood, NJ 07040	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Legal business development manager		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyer, Janine <hr/> Contributor address; City; State; Zip Code  Maplewood, NJ 07040	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Legal business development manager		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyer, Janine <hr/> Contributor address; City; State; Zip Code  Maplewood, NJ 07040	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Legal business development manager		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connors, Rachel <hr/> Contributor address; City; State; Zip Code  Venice, CA 90291-3328	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Hammocks		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/163 Rpt: 29/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connors, Rachel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Venice, CA 90291-3328	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Hammocks		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connors, Rachel <hr/> Contributor address; City; State; Zip Code  Venice, CA 90291-3328	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Hammocks		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coxe, Tench <hr/> Contributor address; City; State; Zip Code  Palo Alto, CA 94304	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crass, Kevin <hr/> Contributor address; City; State; Zip Code  Humble, TX 77339	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Safety Manager		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crass, Kevin <hr/> Contributor address; City; State; Zip Code  Humble, TX 77339	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Safety Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/163 Rpt: 30/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crass, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77339	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Safety Manager		<b>9</b> Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crass, Kevin <hr/> Contributor address; City; State; Zip Code  Humble, TX 77339	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Safety Manager		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crass, Kevin <hr/> Contributor address; City; State; Zip Code  Humble, TX 77339	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Safety Manager		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crass, Kevin <hr/> Contributor address; City; State; Zip Code  Humble, TX 77339	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Safety Manager		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> Contributor address; City; State; Zip Code  Colbert, WA 99005	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/163 Rpt: 31/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colbert, WA 99005	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> Contributor address; City; State; Zip Code  Colbert, WA 99005	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> Contributor address; City; State; Zip Code  Colbert, WA 99005	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> Contributor address; City; State; Zip Code  Colbert, WA 99005	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> Contributor address; City; State; Zip Code  Colbert, WA 99005	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/163 Rpt: 32/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Colbert, WA 99005		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Colbert, WA 99005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Colbert, WA 99005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Colbert, WA 99005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Colbert, WA 99005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/163 Rpt: 33/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYER, Alison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colbert, WA 99005	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rebecca A. <hr/> Contributor address; City; State; Zip Code  Norman, OK 73069	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Program Specialist		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rebecca A. <hr/> Contributor address; City; State; Zip Code  Norman, OK 73069	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Program Specialist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rebecca A. <hr/> Contributor address; City; State; Zip Code  Norman, OK 73069	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Program Specialist		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rebecca A. <hr/> Contributor address; City; State; Zip Code  Norman, OK 73069	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Program Specialist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/163 Rpt: 34/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rebecca A.	<b>7</b> Amount of Contribution (\$)  \$1.15
	<b>6</b> Contributor address; City; State; Zip Code  Norman, OK 73069	
<b>8</b> Principal occupation / Job title (See Instructions) Program Specialist		<b>9</b> Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rebecca A.	Amount of Contribution (\$)  \$1.15
	Contributor address; City; State; Zip Code  Norman, OK 73069	
Principal occupation / Job title (See Instructions) Program Specialist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBor, Lianna	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Roslindale, MA 02131	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBor, Lianna	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Roslindale, MA 02131	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBor, Lianna	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Roslindale, MA 02131	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/163 Rpt: 35/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBor, Lianna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roslindale, MA 02131	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Operations Manager		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBor, Lianna <hr/> Contributor address; City; State; Zip Code  Roslindale, MA 02131	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBor, Lianna <hr/> Contributor address; City; State; Zip Code  Roslindale, MA 02131	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deane, Alexis <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deane, Alexis <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/163 Rpt: 36/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deane, Alexis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deane, Alexis <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deane, Alexis <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90026	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Michael <hr/> Contributor address; City; State; Zip Code  Wayland, MA 01778	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Michael <hr/> Contributor address; City; State; Zip Code  Wayland, MA 01778	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/163 Rpt: 37/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Michael	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Wayland, MA 01778		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Michael	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Wayland, MA 01778		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Michael	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Wayland, MA 01778		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Michael	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Wayland, MA 01778		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Nina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Astoria, NY 11105		
Principal occupation / Job title (See Instructions) Production artist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/163 Rpt: 38/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Nina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Astoria, NY 11105	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Production artist		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Nina <hr/> Contributor address; City; State; Zip Code  Astoria, NY 11105	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Production artist		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Nina <hr/> Contributor address; City; State; Zip Code  Astoria, NY 11105	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Production artist		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Nina <hr/> Contributor address; City; State; Zip Code  Astoria, NY 11105	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Production artist		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Nina <hr/> Contributor address; City; State; Zip Code  Astoria, NY 11105	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Production artist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/163 Rpt: 39/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drinkward, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  St Helena, CA 94574	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Winemaker		<b>9</b> Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drinkward, Lisa <hr/> Contributor address; City; State; Zip Code  St Helena, CA 94574	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Winemaker		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drinkward, Lisa <hr/> Contributor address; City; State; Zip Code  St Helena, CA 94574	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Winemaker		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drinkward, Lisa <hr/> Contributor address; City; State; Zip Code  St Helena, CA 94574	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Winemaker		Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drinkward, Lisa <hr/> Contributor address; City; State; Zip Code  St Helena, CA 94574	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Winemaker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/163 Rpt: 40/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drinkward, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  St Helena, CA 94574	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Winemaker		<b>9</b> Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Theresa <hr/> Contributor address; City; State; Zip Code  Montpelier, VT 05602	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Theresa <hr/> Contributor address; City; State; Zip Code  Montpelier, VT 05602	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Theresa <hr/> Contributor address; City; State; Zip Code  Montpelier, VT 05602	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Theresa <hr/> Contributor address; City; State; Zip Code  Montpelier, VT 05602	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/163 Rpt: 41/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Theresa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montpelier, VT 05602	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Project Manager		<b>9</b> Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Theresa <hr/> Contributor address; City; State; Zip Code  Montpelier, VT 05602	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esch, Eric <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esch, Eric <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esch, Eric <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/163 Rpt: 42/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esch, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17601	<b>7</b> Amount of Contribution (\$)  \$2.27
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esch, Eric <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esch, Eric <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17601	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eyler, Rebecca <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22310	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eyler, Rebecca <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22310	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/163 Rpt: 43/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eyler, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22310	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eyler, Rebecca <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22310	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eyler, Rebecca <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22310	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagerburg, Terry <hr/> Contributor address; City; State; Zip Code  Gainesville, FL 32608	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faivre-Davis, Sara <hr/> Contributor address; City; State; Zip Code  Cameron, TX 76520	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) executive coach		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/163 Rpt: 44/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faivre-Davis, Sara	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>6</b> Contributor address; City; State; Zip Code  Cameron, TX 76520		
<b>8</b> Principal occupation / Job title (See Instructions) executive coach		<b>9</b> Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faivre-Davis, Sara	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Cameron, TX 76520		
Principal occupation / Job title (See Instructions) executive coach		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farver, Andrew	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Chicago, IL 60647		
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farver, Andrew	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Chicago, IL 60647		
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farver, Andrew	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Chicago, IL 60647		
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/163 Rpt: 45/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farver, Andrew	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60647		
<b>8</b> Principal occupation / Job title (See Instructions) Civil Engineer		<b>9</b> Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farver, Andrew	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Chicago, IL 60647		
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farver, Andrew	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Chicago, IL 60647		
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Janet	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Magnolia, TX 77355		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Janet	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Magnolia, TX 77355		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/163 Rpt: 46/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Janet <hr/> <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77355	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Janet <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Janet <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Janet <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Rosemary <hr/> Contributor address; City; State; Zip Code  West Richland, WA 99353	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/163 Rpt: 47/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Rosemary <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Richland, WA 99353	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Rosemary <hr/> Contributor address; City; State; Zip Code  West Richland, WA 99353	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Rosemary <hr/> Contributor address; City; State; Zip Code  West Richland, WA 99353	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Rosemary <hr/> Contributor address; City; State; Zip Code  West Richland, WA 99353	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Rosemary <hr/> Contributor address; City; State; Zip Code  West Richland, WA 99353	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/163 Rpt: 48/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00631549 ) Forward Majority PAC	<b>7</b> Amount of Contribution (\$) \$121,292.00
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20002		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00631549 ) Forward Majority PAC	Amount of Contribution (\$) \$73,764.00
Contributor address; City; State; Zip Code  Washington, DC 20002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00631549 ) Forward Majority PAC	Amount of Contribution (\$) \$125,000.00
Contributor address; City; State; Zip Code  Washington, DC 20002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00631549 ) Forward Majority PAC	Amount of Contribution (\$) \$175,526.41
Contributor address; City; State; Zip Code  Washington, DC 20002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Alyson	Amount of Contribution (\$) \$1.53
Contributor address; City; State; Zip Code  Bend, OR 97702		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/163 Rpt: 49/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Alyson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bend, OR 97702	<b>7</b> Amount of Contribution (\$)  \$1.53
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Alyson <hr/> Contributor address; City; State; Zip Code  Bend, OR 97702	Amount of Contribution (\$)  \$1.53
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Alyson <hr/> Contributor address; City; State; Zip Code  Bend, OR 97702	Amount of Contribution (\$)  \$1.53
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Alyson <hr/> Contributor address; City; State; Zip Code  Bend, OR 97702	Amount of Contribution (\$)  \$1.53
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Alyson <hr/> Contributor address; City; State; Zip Code  Bend, OR 97702	Amount of Contribution (\$)  \$1.53
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/163 Rpt: 50/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rene	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Strongsville, OH 44149		
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rene	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Strongsville, OH 44149		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rene	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Strongsville, OH 44149		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rene	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Strongsville, OH 44149		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rene	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Strongsville, OH 44149		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/163 Rpt: 51/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Strongsville, OH 44149	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiger, Sona <hr/> Contributor address; City; State; Zip Code  Playa del Rey, CA 90293	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiger, Sona <hr/> Contributor address; City; State; Zip Code  Playa del Rey, CA 90293	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiger, Sona <hr/> Contributor address; City; State; Zip Code  Playa del Rey, CA 90293	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiger, Sona <hr/> Contributor address; City; State; Zip Code  Playa del Rey, CA 90293	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/163 Rpt: 52/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiger, Sona	<b>7</b> Amount of Contribution (\$) \$2.08
<b>6</b> Contributor address; City; State; Zip Code  Playa del Rey, CA 90293		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiger, Sona	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code  Playa del Rey, CA 90293		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerfers, Donna	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78734		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerfers, Donna	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78734		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerfers, Donna	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78734		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/163 Rpt: 53/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerfers, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78734	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerfers, Donna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerfers, Donna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graner, Brent <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Research physicist		Employer (See Instructions)
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graner, Brent <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Research physicist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/163 Rpt: 54/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graner, Brent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98117	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Research physicist		<b>9</b> Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graner, Brent <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Research physicist		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graner, Brent <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Research physicist		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graner, Brent <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Research physicist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Roberto <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15235	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Research Assistant Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/163 Rpt: 55/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Roberto	<b>7</b> Amount of Contribution (\$)  \$2.27
	<b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15235	
<b>8</b> Principal occupation / Job title (See Instructions) Research Assistant Professor		<b>9</b> Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Roberto	Amount of Contribution (\$)  \$2.27
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15235	
Principal occupation / Job title (See Instructions) Research Assistant Professor		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Roberto	Amount of Contribution (\$)  \$2.27
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15235	
Principal occupation / Job title (See Instructions) Research Assistant Professor		Employer (See Instructions)
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Roberto	Amount of Contribution (\$)  \$2.27
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15235	
Principal occupation / Job title (See Instructions) Research Assistant Professor		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Roberto	Amount of Contribution (\$)  \$2.27
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15235	
Principal occupation / Job title (See Instructions) Research Assistant Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/163 Rpt: 56/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Debra	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78722		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Debra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78722		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Debra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78722		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Debra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78722		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Debra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78722		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/163 Rpt: 57/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Debra	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78722		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hagerman, Janice	Amount of Contribution (\$) \$1,750.00
Contributor address; City; State; Zip Code  Austin, TX 78741		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallenbeck, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77019		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallenbeck, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77019		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallenbeck, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77019		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/163 Rpt: 58/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallenbeck, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallenbeck, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hallenbeck, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77506	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77506	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/163 Rpt: 59/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Halvorson, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pasadena, TX 77506	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) accountant		<b>9</b> Employer (See Instructions)
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77506	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77506	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions)
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77506	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Ruth <hr/> Contributor address; City; State; Zip Code  Livermore, CA 94550	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/163 Rpt: 60/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Ruth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Livermore, CA 94550	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Ruth <hr/> Contributor address; City; State; Zip Code  Livermore, CA 94550	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Ruth <hr/> Contributor address; City; State; Zip Code  Livermore, CA 94550	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Ruth <hr/> Contributor address; City; State; Zip Code  Livermore, CA 94550	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Ruth <hr/> Contributor address; City; State; Zip Code  Livermore, CA 94550	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/163 Rpt: 61/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heidkamp, Dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) social worker		<b>9</b> Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Rebecca <hr/> Contributor address; City; State; Zip Code  Coon Rapids, MN 55448	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Rebecca <hr/> Contributor address; City; State; Zip Code  Coon Rapids, MN 55448	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Rebecca <hr/> Contributor address; City; State; Zip Code  Coon Rapids, MN 55448	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Rebecca <hr/> Contributor address; City; State; Zip Code  Coon Rapids, MN 55448	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/163 Rpt: 62/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coon Rapids, MN 55448	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Student		<b>9</b> Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Rebecca <hr/> Contributor address; City; State; Zip Code  Coon Rapids, MN 55448	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Beata <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28205	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Beata <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28205	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Beata <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28205	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/163 Rpt: 63/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Beata <hr/> <b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28205	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions)
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Beata <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28205	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Beata <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28205	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollmuller, Anne <hr/> Contributor address; City; State; Zip Code  Bayville, NY 11709	Amount of Contribution (\$)  \$2.15
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollmuller, Anne <hr/> Contributor address; City; State; Zip Code  Bayville, NY 11709	Amount of Contribution (\$)  \$2.15
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/163 Rpt: 64/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollmuller, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bayville, NY 11709	<b>7</b> Amount of Contribution (\$)  \$2.15
<b>8</b> Principal occupation / Job title (See Instructions) Graduate Student		<b>9</b> Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollmuller, Anne <hr/> Contributor address; City; State; Zip Code  Bayville, NY 11709	Amount of Contribution (\$)  \$2.15
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollmuller, Anne <hr/> Contributor address; City; State; Zip Code  Bayville, NY 11709	Amount of Contribution (\$)  \$2.15
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollmuller, Anne <hr/> Contributor address; City; State; Zip Code  Bayville, NY 11709	Amount of Contribution (\$)  \$2.15
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houser, Derrick <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/163 Rpt: 65/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houser, Derrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94117	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Chief Technology Officer		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houser, Derrick <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houser, Derrick <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houser, Derrick <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houser, Derrick <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/163 Rpt: 66/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughey, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughey, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughey, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughey, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughey, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/163 Rpt: 67/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughey, Richard	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230		
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Insley, Matt	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Chicago, IL 60618		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Insley, Matt	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Chicago, IL 60618		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Insley, Matt	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Chicago, IL 60618		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Insley, Matt	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Chicago, IL 60618		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/163 Rpt: 68/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Insley, Matt	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60618		
<b>8</b> Principal occupation / Job title (See Instructions) Software Developer		<b>9</b> Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Insley, Matt	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Chicago, IL 60618		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Erin	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasten, Nancy	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75229-5560		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasten, Nancy	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75229-5560		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/163 Rpt: 69/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasten, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-5560	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) not employed		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasten, Nancy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-5560	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasten, Nancy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-5560	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kasten, Nancy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-5560	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Mary Elizabeth <hr/> Contributor address; City; State; Zip Code  Shorewood, WI 53211	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/163 Rpt: 70/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Mary Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shorewood, WI 53211	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Mary Elizabeth <hr/> Contributor address; City; State; Zip Code  Shorewood, WI 53211	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Mary Elizabeth <hr/> Contributor address; City; State; Zip Code  Shorewood, WI 53211	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Mary Elizabeth <hr/> Contributor address; City; State; Zip Code  Shorewood, WI 53211	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Mary Elizabeth <hr/> Contributor address; City; State; Zip Code  Shorewood, WI 53211	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/163 Rpt: 71/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenfield, Julie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Airport planner		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenfield, Julie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Airport planner		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenfield, Julie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Airport planner		Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenfield, Julie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Airport planner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/163 Rpt: 72/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenfield, Julie	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212		
<b>8</b> Principal occupation / Job title (See Instructions) Airport planner		<b>9</b> Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kenfield, Julie	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Airport planner		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kollman, Molly	Amount of Contribution (\$)  \$1.53
Contributor address; City; State; Zip Code  Denver, CO 80211		
Principal occupation / Job title (See Instructions) Process Engineer		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kollman, Molly	Amount of Contribution (\$)  \$1.53
Contributor address; City; State; Zip Code  Denver, CO 80211		
Principal occupation / Job title (See Instructions) Process Engineer		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kollman, Molly	Amount of Contribution (\$)  \$1.53
Contributor address; City; State; Zip Code  Denver, CO 80211		
Principal occupation / Job title (See Instructions) Process Engineer		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/163 Rpt: 73/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kollman, Molly	<b>7</b> Amount of Contribution (\$)  \$1.53
<b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80211		
<b>8</b> Principal occupation / Job title (See Instructions) Process Engineer		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kollman, Molly	Amount of Contribution (\$)  \$1.53
Contributor address; City; State; Zip Code  Denver, CO 80211		
Principal occupation / Job title (See Instructions) Process Engineer		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kollman, Molly	Amount of Contribution (\$)  \$1.53
Contributor address; City; State; Zip Code  Denver, CO 80211		
Principal occupation / Job title (See Instructions) Process Engineer		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Konings, Alexandra	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kovac, Linda	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Kansas City, MO 64111		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/163 Rpt: 74/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kovac, Linda	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Kansas City, MO 64111		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kovac, Linda	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Kansas City, MO 64111		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kovac, Linda	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Kansas City, MO 64111		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kovac, Linda	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Kansas City, MO 64111		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kovac, Linda	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Kansas City, MO 64111		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/163 Rpt: 75/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kriegstein Jacobson, Sami <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brooklyn, NY 11211	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Producer		<b>9</b> Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kriegstein Jacobson, Sami <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11211	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kriegstein Jacobson, Sami <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11211	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kriegstein Jacobson, Sami <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11211	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kriegstein Jacobson, Sami <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11211	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/163 Rpt: 76/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kriegstein Jacobson, Sami <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brooklyn, NY 11211	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Producer		<b>9</b> Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaVigne, Kate <hr/> Contributor address; City; State; Zip Code  Hingham, MA 02043	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaVigne, Kate <hr/> Contributor address; City; State; Zip Code  Hingham, MA 02043	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaVigne, Kate <hr/> Contributor address; City; State; Zip Code  Hingham, MA 02043	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaVigne, Kate <hr/> Contributor address; City; State; Zip Code  Hingham, MA 02043	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/163 Rpt: 77/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaVigne, Kate <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hingham, MA 02043	<b>7</b> Amount of Contribution (\$)  \$1.15
<b>8</b> Principal occupation / Job title (See Instructions) Operations Manager		<b>9</b> Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaVigne, Kate <hr/> Contributor address; City; State; Zip Code  Hingham, MA 02043	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langan, Eric Andrew <hr/> Contributor address; City; State; Zip Code  Winnetka, IL 60093	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langan, Eric Andrew <hr/> Contributor address; City; State; Zip Code  Winnetka, IL 60093	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langan, Eric Andrew <hr/> Contributor address; City; State; Zip Code  Winnetka, IL 60093	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/163 Rpt: 78/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langan, Eric Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Winnetka, IL 60093	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langan, Eric Andrew <hr/> Contributor address; City; State; Zip Code  Winnetka, IL 60093	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langan, Eric Andrew <hr/> Contributor address; City; State; Zip Code  Winnetka, IL 60093	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Joshua <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92117	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Joshua <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92117	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/163 Rpt: 79/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Diego, CA 92117	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) General Manager		<b>9</b> Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Joshua <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92117	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Joshua <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92117	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Joshua <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92117	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lhost, Adrienne <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/163 Rpt: 80/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lhost, Adrienne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	<b>7</b> Amount of Contribution (\$)  \$2.27
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions)
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lhost, Adrienne <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lhost, Adrienne <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lhost, Adrienne <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lhost, Adrienne <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/163 Rpt: 81/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Anamaria <hr/> <b>6</b> Contributor address; City; State; Zip Code  SEATTLE, WA 98119	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Investment Advisor		<b>9</b> Employer (See Instructions)
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Anamaria <hr/> Contributor address; City; State; Zip Code  SEATTLE, WA 98119	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Anamaria <hr/> Contributor address; City; State; Zip Code  SEATTLE, WA 98119	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Anamaria <hr/> Contributor address; City; State; Zip Code  SEATTLE, WA 98119	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Anamaria <hr/> Contributor address; City; State; Zip Code  SEATTLE, WA 98119	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/163 Rpt: 82/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Anamaria	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  SEATTLE, WA 98119		
<b>8</b> Principal occupation / Job title (See Instructions) Investment Advisor		<b>9</b> Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longacre-Wilcox, Vanessa	Amount of Contribution (\$)  \$1.50
Contributor address; City; State; Zip Code  Seattle, WA 98116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longacre-Wilcox, Vanessa	Amount of Contribution (\$)  \$1.50
Contributor address; City; State; Zip Code  Seattle, WA 98116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longacre-Wilcox, Vanessa	Amount of Contribution (\$)  \$1.50
Contributor address; City; State; Zip Code  Seattle, WA 98116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longacre-Wilcox, Vanessa	Amount of Contribution (\$)  \$1.50
Contributor address; City; State; Zip Code  Seattle, WA 98116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/163 Rpt: 83/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longacre-Wilcox, Vanessa	<b>7</b> Amount of Contribution (\$)  \$1.50
<b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98116		
<b>8</b> Principal occupation / Job title (See Instructions) Project manager		<b>9</b> Employer (See Instructions)
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longacre-Wilcox, Vanessa	Amount of Contribution (\$)  \$1.50
Contributor address; City; State; Zip Code  Seattle, WA 98116		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M Johnson, Eva	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  portland, OR 97211		
Principal occupation / Job title (See Instructions) marketing director		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M Johnson, Eva	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  portland, OR 97211		
Principal occupation / Job title (See Instructions) marketing director		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M Johnson, Eva	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  portland, OR 97211		
Principal occupation / Job title (See Instructions) marketing director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 81/163 Rpt: 84/221
2 FILER NAME Battleground Texas		3 Filer ID (Ethics Commission Filers) 00068897
4 Date 04/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M Johnson, Eva	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code  portland, OR 97211	
8 Principal occupation / Job title (See Instructions) marketing director		9 Employer (See Instructions)
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M Johnson, Eva	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  portland, OR 97211	
Principal occupation / Job title (See Instructions) marketing director		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M Johnson, Eva	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  portland, OR 97211	
Principal occupation / Job title (See Instructions) marketing director		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malouf, Diana	Amount of Contribution (\$) \$1.54
	Contributor address; City; State; Zip Code  Culver City, CA 90232	
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malouf, Diana	Amount of Contribution (\$) \$1.54
	Contributor address; City; State; Zip Code  Culver City, CA 90232	
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/163 Rpt: 85/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marino, Rhiannon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60614	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marino, Rhiannon <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60614	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marino, Rhiannon <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60614	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marino, Rhiannon <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60614	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marino, Rhiannon <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60614	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/163 Rpt: 86/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marino, Rhiannon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60614	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions)
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Edward <hr/> Contributor address; City; State; Zip Code  Pasadena, CA 91101	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Forecast Manager		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Lily <hr/> Contributor address; City; State; Zip Code  Washington, DC 20015	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Lily <hr/> Contributor address; City; State; Zip Code  Washington, DC 20015	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Lily <hr/> Contributor address; City; State; Zip Code  Washington, DC 20015	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/163 Rpt: 87/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Lily <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20015	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Lily <hr/> Contributor address; City; State; Zip Code  Washington, DC 20015	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Lily <hr/> Contributor address; City; State; Zip Code  Washington, DC 20015	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Kevin <hr/> Contributor address; City; State; Zip Code  Cambridge, MA 02139	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Kevin <hr/> Contributor address; City; State; Zip Code  Cambridge, MA 02139	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/163 Rpt: 88/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cambridge, MA 02139	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Software developer		<b>9</b> Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Kevin <hr/> Contributor address; City; State; Zip Code  Cambridge, MA 02139	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Kevin <hr/> Contributor address; City; State; Zip Code  Cambridge, MA 02139	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Kevin <hr/> Contributor address; City; State; Zip Code  Cambridge, MA 02139	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarroll, Kate <hr/> Contributor address; City; State; Zip Code  Anaheim, CA 92802	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/163 Rpt: 89/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Jim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Financial Analyst		<b>9</b> Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/163 Rpt: 90/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Jim	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757		
<b>8</b> Principal occupation / Job title (See Instructions) Financial Analyst		<b>9</b> Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntosh, Michele	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Raleigh, NC 27604		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntosh, Michele	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Raleigh, NC 27604		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntosh, Michele	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Raleigh, NC 27604		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntosh, Michele	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Raleigh, NC 27604		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/163 Rpt: 91/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntosh, Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Raleigh, NC 27604	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.15</span>
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntosh, Michele <hr/> Contributor address; City; State; Zip Code  Raleigh, NC 27604	Amount of Contribution (\$) <span style="float:right">\$1.15</span>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/163 Rpt: 92/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Camas, WA 98607	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Valuation Specialist		<b>9</b> Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/163 Rpt: 93/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Camas, WA 98607	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Valuation Specialist		<b>9</b> Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Amanda <hr/> Contributor address; City; State; Zip Code  Camas, WA 98607	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Valuation Specialist		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Nick <hr/> Contributor address; City; State; Zip Code  Rochester, MN 55902	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/163 Rpt: 94/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Nick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rochester, MN 55902	<b>7</b> Amount of Contribution (\$)  \$7.69
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare		<b>9</b> Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Nick <hr/> Contributor address; City; State; Zip Code  Rochester, MN 55902	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Nick <hr/> Contributor address; City; State; Zip Code  Rochester, MN 55902	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Nick <hr/> Contributor address; City; State; Zip Code  Rochester, MN 55902	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Nick <hr/> Contributor address; City; State; Zip Code  Rochester, MN 55902	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/163 Rpt: 95/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Sara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80203	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Development Director		<b>9</b> Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Sara <hr/> Contributor address; City; State; Zip Code  Denver, CO 80203	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Sara <hr/> Contributor address; City; State; Zip Code  Denver, CO 80203	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Sara <hr/> Contributor address; City; State; Zip Code  Denver, CO 80203	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions)
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Sara <hr/> Contributor address; City; State; Zip Code  Denver, CO 80203	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/163 Rpt: 96/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Sara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80203	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Development Director		<b>9</b> Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molnar, Melanie <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Assistant General Manager		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molnar, Melanie <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Assistant General Manager		Employer (See Instructions)
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molnar, Melanie <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Assistant General Manager		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molnar, Melanie <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Assistant General Manager		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/163 Rpt: 97/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molnar, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60657	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Assistant General Manager		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molnar, Melanie <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Assistant General Manager		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Traci <hr/> Contributor address; City; State; Zip Code  Shepherdstown, WV 25443	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Traci <hr/> Contributor address; City; State; Zip Code  Shepherdstown, WV 25443	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Traci <hr/> Contributor address; City; State; Zip Code  Shepherdstown, WV 25443	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/163 Rpt: 98/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Traci <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shepherdstown, WV 25443	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Technician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Traci <hr/> Contributor address; City; State; Zip Code  Shepherdstown, WV 25443	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Traci <hr/> Contributor address; City; State; Zip Code  Shepherdstown, WV 25443	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maura <hr/> Contributor address; City; State; Zip Code  St Louis Park, MN 55416	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maura <hr/> Contributor address; City; State; Zip Code  St Louis Park, MN 55416	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/163 Rpt: 99/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maura	<b>7</b> Amount of Contribution (\$)  \$2.27
<b>6</b> Contributor address; City; State; Zip Code  St Louis Park, MN 55416		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maura	Amount of Contribution (\$)  \$2.27
Contributor address; City; State; Zip Code  St Louis Park, MN 55416		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maura	Amount of Contribution (\$)  \$2.27
Contributor address; City; State; Zip Code  St Louis Park, MN 55416		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maura	Amount of Contribution (\$)  \$2.27
Contributor address; City; State; Zip Code  St Louis Park, MN 55416		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, kira	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Hoffman estates, IL 60169		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/163 Rpt: 100/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, kira <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hoffman estates, IL 60169	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Therapist		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, kira <hr/> Contributor address; City; State; Zip Code  Hoffman estates, IL 60169	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, kira <hr/> Contributor address; City; State; Zip Code  Hoffman estates, IL 60169	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Zak <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Zak <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/163 Rpt: 101/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Zak <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98133	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Patient Services Specialist		<b>9</b> Employer (See Instructions)
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Zak <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Zak <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Zak <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newberger, Mary L <hr/> Contributor address; City; State; Zip Code  DURANGO, CO 81301-8032	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/163 Rpt: 102/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okie, Suzanna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Darien, CT 06820	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okie, Suzanna <hr/> Contributor address; City; State; Zip Code  Darien, CT 06820	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okie, Suzanna <hr/> Contributor address; City; State; Zip Code  Darien, CT 06820	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okie, Suzanna <hr/> Contributor address; City; State; Zip Code  Darien, CT 06820	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okie, Suzanna <hr/> Contributor address; City; State; Zip Code  Darien, CT 06820	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/163 Rpt: 103/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okie, Suzanna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Darien, CT 06820	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Meagan <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92122	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Meagan <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92122	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Meagan <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92122	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Meagan <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92122	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/163 Rpt: 104/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Meagan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Diego, CA 92122	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Meagan <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92122	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Megan <hr/> Contributor address; City; State; Zip Code  CHICAGO, IL 60614	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Megan <hr/> Contributor address; City; State; Zip Code  CHICAGO, IL 60614	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Megan <hr/> Contributor address; City; State; Zip Code  CHICAGO, IL 60614	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Megan	<b>7</b> Amount of Contribution (\$)  \$1.54
<b>6</b> Contributor address; City; State; Zip Code  CHICAGO, IL 60614		
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Megan	Amount of Contribution (\$)  \$1.54
Contributor address; City; State; Zip Code  CHICAGO, IL 60614		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Megan	Amount of Contribution (\$)  \$1.54
Contributor address; City; State; Zip Code  CHICAGO, IL 60614		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orloff, Nathan	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orloff, Nathan	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/163 Rpt: 106/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orloff, Nathan	<b>7</b> Amount of Contribution (\$)  \$7.69
<b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
<b>8</b> Principal occupation / Job title (See Instructions) Editor		<b>9</b> Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orloff, Nathan	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orloff, Nathan	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orloff, Nathan	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pacillo, Edith	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Boise, ID 83702		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/163 Rpt: 107/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pacillo, Edith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boise, ID 83702	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pacillo, Edith <hr/> Contributor address; City; State; Zip Code  Boise, ID 83702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pacillo, Edith <hr/> Contributor address; City; State; Zip Code  Boise, ID 83702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pacillo, Edith <hr/> Contributor address; City; State; Zip Code  Boise, ID 83702	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palumbo, Taylor <hr/> Contributor address; City; State; Zip Code  New York, NY 10016	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/163 Rpt: 108/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palumbo, Taylor	<b>7</b> Amount of Contribution (\$)  \$1.25
<b>6</b> Contributor address; City; State; Zip Code  New York, NY 10016		
<b>8</b> Principal occupation / Job title (See Instructions) Investment Banker		<b>9</b> Employer (See Instructions)
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palumbo, Taylor	Amount of Contribution (\$)  \$1.25
Contributor address; City; State; Zip Code  New York, NY 10016		
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palumbo, Taylor	Amount of Contribution (\$)  \$1.25
Contributor address; City; State; Zip Code  New York, NY 10016		
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions)
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palumbo, Taylor	Amount of Contribution (\$)  \$1.25
Contributor address; City; State; Zip Code  New York, NY 10016		
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palumbo, Taylor	Amount of Contribution (\$)  \$1.25
Contributor address; City; State; Zip Code  New York, NY 10016		
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/163 Rpt: 109/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellico, Ryan	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Hamden, CT 06517		
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellico, Ryan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Hamden, CT 06517		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellico, Ryan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Hamden, CT 06517		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellico, Ryan	Amount of Contribution (\$)  \$1.00
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Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellico, Ryan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Hamden, CT 06517		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/163 Rpt: 110/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellico, Ryan	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Hamden, CT 06517		
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petremont, Aimee	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Milford, CT 06460		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petremont, Aimee	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Milford, CT 06460		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petremont, Aimee	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Milford, CT 06460		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petremont, Aimee	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Milford, CT 06460		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/163 Rpt: 111/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petremont, Aimee	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Milford, CT 06460		
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Livia	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Pittsburgh, PA 15210		
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Livia	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Pittsburgh, PA 15210		
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Livia	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Pittsburgh, PA 15210		
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Livia	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Pittsburgh, PA 15210		
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/163 Rpt: 112/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Livia	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15210		
<b>8</b> Principal occupation / Job title (See Instructions) Software developer		<b>9</b> Employer (See Instructions)
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Livia	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Pittsburgh, PA 15210		
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plaut, Jordan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Encino, CA 91316		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plaut, Jordan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Encino, CA 91316		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plaut, Jordan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Encino, CA 91316		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)



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**SCHEDULE A1**

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<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plaut, Jordan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Encino, CA 91316	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plaut, Jordan <hr/> Contributor address; City; State; Zip Code  Encino, CA 91316	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plaut, Jordan <hr/> Contributor address; City; State; Zip Code  Encino, CA 91316	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard, David <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) GIS Technician		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard, David <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) GIS Technician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/163 Rpt: 114/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bedford, TX 76022	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) GIS Technician		<b>9</b> Employer (See Instructions)
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Principal occupation / Job title (See Instructions) GIS Technician		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard, David <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) GIS Technician		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions)

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<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poritz, Darwin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77062	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Statistician		<b>9</b> Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/163 Rpt: 116/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Portney, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahalski, Joshua <hr/> Contributor address; City; State; Zip Code  Henderson, NV 89074	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahalski, Joshua <hr/> Contributor address; City; State; Zip Code  Henderson, NV 89074	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahalski, Joshua <hr/> Contributor address; City; State; Zip Code  Henderson, NV 89074	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahalski, Joshua <hr/> Contributor address; City; State; Zip Code  Henderson, NV 89074	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/163 Rpt: 117/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahalski, Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  Henderson, NV 89074	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahalski, Joshua <hr/> Contributor address; City; State; Zip Code  Henderson, NV 89074	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitman, Rachael <hr/> Contributor address; City; State; Zip Code  Noho, CA 91606	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Branded content		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitman, Rachael <hr/> Contributor address; City; State; Zip Code  Noho, CA 91606	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Branded content		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitman, Rachael <hr/> Contributor address; City; State; Zip Code  Noho, CA 91606	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Branded content		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/163 Rpt: 118/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitman, Rachael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Noho, CA 91606	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Branded content		<b>9</b> Employer (See Instructions)
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitman, Rachael <hr/> Contributor address; City; State; Zip Code  Noho, CA 91606	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Branded content		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitman, Rachael <hr/> Contributor address; City; State; Zip Code  Noho, CA 91606	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Branded content		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ribner, Andrew <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15224	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ribner, Andrew <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15224	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/163 Rpt: 119/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ribner, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15224	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Researcher		<b>9</b> Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ribner, Andrew <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15224	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ribner, Andrew <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15224	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedel, Bobbi <hr/> Contributor address; City; State; Zip Code  Los Alamos, NM 87544	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Graduate Research Intern		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedel, Bobbi <hr/> Contributor address; City; State; Zip Code  Los Alamos, NM 87544	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Graduate Research Intern		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/163 Rpt: 120/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedel, Bobbi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Alamos, NM 87544	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Graduate Research Intern		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedel, Bobbi <hr/> Contributor address; City; State; Zip Code  Los Alamos, NM 87544	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Graduate Research Intern		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedel, Bobbi <hr/> Contributor address; City; State; Zip Code  Los Alamos, NM 87544	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Graduate Research Intern		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedel, Bobbi <hr/> Contributor address; City; State; Zip Code  Los Alamos, NM 87544	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Graduate Research Intern		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riffle, Michael <hr/> Contributor address; City; State; Zip Code  Cohasset, MA 02025	Amount of Contribution (\$)  \$1.15
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riffle, Michael	<b>7</b> Amount of Contribution (\$)  \$1.15
<b>6</b> Contributor address; City; State; Zip Code  Cohasset, MA 02025		
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riffle, Michael	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Cohasset, MA 02025		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riffle, Michael	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Cohasset, MA 02025		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riffle, Michael	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Cohasset, MA 02025		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riffle, Michael	Amount of Contribution (\$)  \$1.15
Contributor address; City; State; Zip Code  Cohasset, MA 02025		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/163 Rpt: 122/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/163 Rpt: 123/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodnick, Jason <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94122	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodnick, Jason <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94122	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodnick, Jason <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94122	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodnick, Jason <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94122	Amount of Contribution (\$)  \$1.54
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/163 Rpt: 124/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodnick, Jason	<b>7</b> Amount of Contribution (\$)  \$1.54
<b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94122		
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodnick, Jason	Amount of Contribution (\$)  \$1.54
Contributor address; City; State; Zip Code  San Francisco, CA 94122		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Glenda	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Glenda	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Glenda	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/163 Rpt: 125/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Glenda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Glenda <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Glenda <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code  Boston, MA 02116	Amount of Contribution (\$)  \$19.23
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code  Boston, MA 02116	Amount of Contribution (\$)  \$19.23
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/163 Rpt: 126/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roseman, Stuart	<b>7</b> Amount of Contribution (\$)  \$19.23
<b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02116		
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roseman, Stuart	Amount of Contribution (\$)  \$19.23
Contributor address; City; State; Zip Code  Boston, MA 02116		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roseman, Stuart	Amount of Contribution (\$)  \$19.23
Contributor address; City; State; Zip Code  Boston, MA 02116		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roseman, Stuart	Amount of Contribution (\$)  \$19.23
Contributor address; City; State; Zip Code  Boston, MA 02116		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rossetti, Paul	Amount of Contribution (\$)  \$3.12
Contributor address; City; State; Zip Code  Ventura, CA 93001		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/163 Rpt: 127/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rossetti, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ventura, CA 93001	<b>7</b> Amount of Contribution (\$)  \$3.12
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rossetti, Paul <hr/> Contributor address; City; State; Zip Code  Ventura, CA 93001	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rossetti, Paul <hr/> Contributor address; City; State; Zip Code  Ventura, CA 93001	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rossetti, Paul <hr/> Contributor address; City; State; Zip Code  Ventura, CA 93001	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rossetti, Paul <hr/> Contributor address; City; State; Zip Code  Ventura, CA 93001	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/163 Rpt: 128/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudman, Denise	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Manchester, NH 03104	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudman, Denise	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Manchester, NH 03104	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudman, Denise	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Manchester, NH 03104	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudman, Denise	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Manchester, NH 03104	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudman, Denise	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Manchester, NH 03104	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/163 Rpt: 129/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudman, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manchester, NH 03104	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jason <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$4.55
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jason <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$4.55
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jason <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$4.55
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jason <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$4.55
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/163 Rpt: 130/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jason	<b>7</b> Amount of Contribution (\$)  \$4.55
<b>6</b> Contributor address; City; State; Zip Code  Medford, MA 02155		
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jason	Amount of Contribution (\$)  \$4.55
Contributor address; City; State; Zip Code  Medford, MA 02155		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabia, Colin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabia, Colin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabia, Colin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/163 Rpt: 131/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabia, Colin	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>6</b> Contributor address; City; State; Zip Code  Tacoma, WA 98407		
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabia, Colin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabia, Colin	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saccone, Meghan	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tewksbury, MA 01876		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saccone, Meghan	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Tewksbury, MA 01876		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/163 Rpt: 132/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saccone, Meghan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tewksbury, MA 01876	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schellhase, Meredith <hr/> Contributor address; City; State; Zip Code  Concord, NC 28025	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Social Studies Teacher		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schellhase, Meredith <hr/> Contributor address; City; State; Zip Code  Concord, NC 28025	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Social Studies Teacher		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schellhase, Meredith <hr/> Contributor address; City; State; Zip Code  Concord, NC 28025	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Social Studies Teacher		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schellhase, Meredith <hr/> Contributor address; City; State; Zip Code  Concord, NC 28025	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Social Studies Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/163 Rpt: 133/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schellhase, Meredith	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Concord, NC 28025		
<b>8</b> Principal occupation / Job title (See Instructions) Social Studies Teacher		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuffelen, Adriaan Cody	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuffelen, Adriaan Cody	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuffelen, Adriaan Cody	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuffelen, Adriaan Cody	Amount of Contribution (\$)  \$7.69
Contributor address; City; State; Zip Code  Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/163 Rpt: 134/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuffelen, Adriaan Cody <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palo Alto, CA 94306	<b>7</b> Amount of Contribution (\$)  \$7.69
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuffelen, Adriaan Cody <hr/> Contributor address; City; State; Zip Code  Palo Alto, CA 94306	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Jennefer <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) International Project Coordinator		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Jennefer <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) International Project Coordinator		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Jennefer <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) International Project Coordinator		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/163 Rpt: 135/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Jennefer	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20002		
<b>8</b> Principal occupation / Job title (See Instructions) International Project Coordinator		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Jennefer	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Washington, DC 20002		
Principal occupation / Job title (See Instructions) International Project Coordinator		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulz, Jennefer	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Washington, DC 20002		
Principal occupation / Job title (See Instructions) International Project Coordinator		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Alan	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Portland, OR 97202		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Alan	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Portland, OR 97202		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/163 Rpt: 136/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Alan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Portland, OR 97202	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Alan <hr/> Contributor address; City; State; Zip Code  Portland, OR 97202	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Alan <hr/> Contributor address; City; State; Zip Code  Portland, OR 97202	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Alan <hr/> Contributor address; City; State; Zip Code  Portland, OR 97202	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Segal, Eliana <hr/> Contributor address; City; State; Zip Code  Elkins Park, PA 19027	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Behavior Analyst		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/163 Rpt: 137/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellars, Kathryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80210	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellars, Kathryn <hr/> Contributor address; City; State; Zip Code  Denver, CO 80210	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellars, Kathryn <hr/> Contributor address; City; State; Zip Code  Denver, CO 80210	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellars, Kathryn <hr/> Contributor address; City; State; Zip Code  Denver, CO 80210	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellars, Kathryn <hr/> Contributor address; City; State; Zip Code  Denver, CO 80210	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/163 Rpt: 138/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellars, Kathryn	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80210		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherick, Bettina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Los Angeles, CA 90034		
Principal occupation / Job title (See Instructions) Marketing Consultant		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Denver, CO 80203		
Principal occupation / Job title (See Instructions) Sustainability Consultant		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Denver, CO 80203		
Principal occupation / Job title (See Instructions) Sustainability Consultant		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Denver, CO 80203		
Principal occupation / Job title (See Instructions) Sustainability Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 136/163 Rpt: 139/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80203		
<b>8</b> Principal occupation / Job title (See Instructions) Sustainability Consultant		<b>9</b> Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Denver, CO 80203		
Principal occupation / Job title (See Instructions) Sustainability Consultant		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	Amount of Contribution (\$)  \$2.50
Contributor address; City; State; Zip Code  Denver, CO 80203		
Principal occupation / Job title (See Instructions) Sustainability Consultant		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Rosina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Charlottesville, VA 22903		
Principal occupation / Job title (See Instructions) minister		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Rosina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Charlottesville, VA 22903		
Principal occupation / Job title (See Instructions) minister		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/163 Rpt: 140/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Rosina	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  Charlottesville, VA 22903		
<b>8</b> Principal occupation / Job title (See Instructions) minister		<b>9</b> Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Rosina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Charlottesville, VA 22903		
Principal occupation / Job title (See Instructions) minister		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Rosina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Charlottesville, VA 22903		
Principal occupation / Job title (See Instructions) minister		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Rosina	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Charlottesville, VA 22903		
Principal occupation / Job title (See Instructions) minister		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobin, Kathryn	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Waltham, MA 02453		
Principal occupation / Job title (See Instructions) Admin assistant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/163 Rpt: 141/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobin, Kathryn	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Waltham, MA 02453	
<b>8</b> Principal occupation / Job title (See Instructions) Admin assistant		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobin, Kathryn	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Waltham, MA 02453	
Principal occupation / Job title (See Instructions) Admin assistant		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobin, Kathryn	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Waltham, MA 02453	
Principal occupation / Job title (See Instructions) Admin assistant		Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobin, Kathryn	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Waltham, MA 02453	
Principal occupation / Job title (See Instructions) Admin assistant		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobin, Kathryn	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Waltham, MA 02453	
Principal occupation / Job title (See Instructions) Admin assistant		Employer (See Instructions)

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/163 Rpt: 142/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommer, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westport, CT 06880	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommer, Sarah <hr/> Contributor address; City; State; Zip Code  Westport, CT 06880	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommer, Sarah <hr/> Contributor address; City; State; Zip Code  Westport, CT 06880	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommer, Sarah <hr/> Contributor address; City; State; Zip Code  Westport, CT 06880	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommer, Sarah <hr/> Contributor address; City; State; Zip Code  Westport, CT 06880	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/163 Rpt: 143/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommer, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westport, CT 06880	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Holly <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Pediatric Dietitian		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Holly <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Pediatric Dietitian		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Holly <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Pediatric Dietitian		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Holly <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Pediatric Dietitian		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/163 Rpt: 144/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Holly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98117	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Pediatric Dietitian		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Holly <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Pediatric Dietitian		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Svrjcek, Deborah <hr/> Contributor address; City; State; Zip Code  Longmont, CO 80503	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Operations manager		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Svrjcek, Deborah <hr/> Contributor address; City; State; Zip Code  Longmont, CO 80503	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Operations manager		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Svrjcek, Deborah <hr/> Contributor address; City; State; Zip Code  Longmont, CO 80503	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Operations manager		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/163 Rpt: 145/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Svrjcek, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longmont, CO 80503	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Operations manager		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Svrjcek, Deborah <hr/> Contributor address; City; State; Zip Code  Longmont, CO 80503	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Operations manager		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Svrjcek, Deborah <hr/> Contributor address; City; State; Zip Code  Longmont, CO 80503	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Operations manager		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Kenneth <hr/> Contributor address; City; State; Zip Code  Newark, CA 94560	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Kenneth <hr/> Contributor address; City; State; Zip Code  Newark, CA 94560	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/163 Rpt: 146/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Kenneth	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>6</b> Contributor address; City; State; Zip Code  Newark, CA 94560		
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tchou, Philip	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  San Antonio, TX 78251		
Principal occupation / Job title (See Instructions) Medical Physicist		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tchou, Philip	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  San Antonio, TX 78251		
Principal occupation / Job title (See Instructions) Medical Physicist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tchou, Philip	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  San Antonio, TX 78251		
Principal occupation / Job title (See Instructions) Medical Physicist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tchou, Philip	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  San Antonio, TX 78251		
Principal occupation / Job title (See Instructions) Medical Physicist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/163 Rpt: 147/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tchou, Philip <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Medical Physicist		<b>9</b> Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tchou, Philip <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Medical Physicist		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ton, Jessica <hr/> Contributor address; City; State; Zip Code  Pasadena, MD 21122	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ton, Jessica <hr/> Contributor address; City; State; Zip Code  Pasadena, MD 21122	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ton, Jessica <hr/> Contributor address; City; State; Zip Code  Pasadena, MD 21122	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/163 Rpt: 148/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ton, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pasadena, MD 21122	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ton, Jessica <hr/> Contributor address; City; State; Zip Code  Pasadena, MD 21122	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ton, Jessica <hr/> Contributor address; City; State; Zip Code  Pasadena, MD 21122	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Rick <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Rick <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/163 Rpt: 149/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Rick	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Rick	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Rick	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Rick	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tupper, Ted	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Enola, PA 17025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/163 Rpt: 150/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vinson, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76048	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watling, Gregg <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Marina <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11225	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Postdoctoral Fellow		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Marina <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11225	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Postdoctoral Fellow		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Marina <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11225	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Postdoctoral Fellow		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/163 Rpt: 151/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Marina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brooklyn, NY 11225	<b>7</b> Amount of Contribution (\$)  \$7.69
<b>8</b> Principal occupation / Job title (See Instructions) Postdoctoral Fellow		<b>9</b> Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Marina <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11225	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Postdoctoral Fellow		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Marina <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11225	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Postdoctoral Fellow		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Matthew <hr/> Contributor address; City; State; Zip Code  Boston, MA 02124	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Profit Center Manager		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Matthew <hr/> Contributor address; City; State; Zip Code  Boston, MA 02124	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Profit Center Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/163 Rpt: 152/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02124	<b>7</b> Amount of Contribution (\$)  \$7.69
<b>8</b> Principal occupation / Job title (See Instructions) Profit Center Manager		<b>9</b> Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Matthew <hr/> Contributor address; City; State; Zip Code  Boston, MA 02124	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Profit Center Manager		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Matthew <hr/> Contributor address; City; State; Zip Code  Boston, MA 02124	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Profit Center Manager		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Matthew <hr/> Contributor address; City; State; Zip Code  Boston, MA 02124	Amount of Contribution (\$)  \$7.69
Principal occupation / Job title (See Instructions) Profit Center Manager		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitney, Matthew <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/163 Rpt: 153/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitney, Matthew	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98117		
<b>8</b> Principal occupation / Job title (See Instructions) Artist		<b>9</b> Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitney, Matthew	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Seattle, WA 98117		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitney, Matthew	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Seattle, WA 98117		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitney, Matthew	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Seattle, WA 98117		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitney, Matthew	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Seattle, WA 98117		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/163 Rpt: 154/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Elizabeth	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Alamogordo, NM 88310		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Elizabeth	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Alamogordo, NM 88310		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Elizabeth	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Alamogordo, NM 88310		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Elizabeth	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Alamogordo, NM 88310		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Elizabeth	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Alamogordo, NM 88310		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/163 Rpt: 155/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alamogordo, NM 88310	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Windham, Emily <hr/> Contributor address; City; State; Zip Code  White Hall, MD 21161	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Windham, Emily <hr/> Contributor address; City; State; Zip Code  White Hall, MD 21161	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Windham, Emily <hr/> Contributor address; City; State; Zip Code  White Hall, MD 21161	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Windham, Emily <hr/> Contributor address; City; State; Zip Code  White Hall, MD 21161	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 153/163 Rpt: 156/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Windham, Emily	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>6</b> Contributor address; City; State; Zip Code  White Hall, MD 21161		
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Windham, Emily	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  White Hall, MD 21161		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winter, Brendan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Seattle, WA 98102		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winter, Brendan	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Seattle, WA 98102		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyzlic, Margaret	Amount of Contribution (\$)  \$1.92
Contributor address; City; State; Zip Code  Ann Arbor, MI 48103		
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/163 Rpt: 157/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyzlic, Margaret <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ann Arbor, MI 48103	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) Communications Manager		<b>9</b> Employer (See Instructions)
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyzlic, Margaret <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48103	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyzlic, Margaret <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48103	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions)
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyzlic, Margaret <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48103	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyzlic, Margaret <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48103	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions)

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 155/163 Rpt: 158/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78722	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		<b>9</b> Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 156/163 Rpt: 159/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>8</b> Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		<b>9</b> Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78765	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78765	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78765	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78765	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 157/163 Rpt: 160/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78765	<b>7</b> Amount of Contribution (\$)  \$2.27
<b>8</b> Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		<b>9</b> Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max <hr/> Contributor address; City; State; Zip Code  Austin, TX 78765	Amount of Contribution (\$)  \$2.27
Principal occupation / Job title (See Instructions) Volunteer & Events Coordinator		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zumbach, Mallory <hr/> Contributor address; City; State; Zip Code  Portland, OR 97202	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zumbach, Mallory <hr/> Contributor address; City; State; Zip Code  Portland, OR 97202	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zumbach, Mallory <hr/> Contributor address; City; State; Zip Code  Portland, OR 97202	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 158/163 Rpt: 161/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zumbach, Mallory	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Portland, OR 97202		
<b>8</b> Principal occupation / Job title (See Instructions) Small Business Owner		<b>9</b> Employer (See Instructions)
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zumbach, Mallory	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Portland, OR 97202		
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zumbach, Mallory	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Portland, OR 97202		
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) armstrong, william	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) armstrong, william	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 159/163 Rpt: 162/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) armstrong, william <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) pharmacist		<b>9</b> Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) armstrong, william <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions)
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) armstrong, william <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) armstrong, william <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) edell, dana <hr/> Contributor address; City; State; Zip Code  boston, MA 02130	Amount of Contribution (\$) \$1.92
Principal occupation / Job title (See Instructions) executive director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 160/163 Rpt: 163/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) edell, dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  boston, MA 02130	<b>7</b> Amount of Contribution (\$)  \$1.92
<b>8</b> Principal occupation / Job title (See Instructions) executive director		<b>9</b> Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) edell, dana <hr/> Contributor address; City; State; Zip Code  boston, MA 02130	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) executive director		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) johnson, tamber <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75228	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) film producer		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) johnson, tamber <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75228	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) film producer		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) johnson, tamber <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75228	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) film producer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 161/163 Rpt: 164/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) johnson, tamber	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75228		
<b>8</b> Principal occupation / Job title (See Instructions) film producer		<b>9</b> Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) johnson, tamber	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75228		
Principal occupation / Job title (See Instructions) film producer		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) raben, alexis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90004		
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) raben, alexis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90004		
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) raben, alexis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90004		
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 162/163 Rpt: 165/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) raben, alexis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90004	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Producer		<b>9</b> Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) raben, alexis <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90004	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) raben, alexis <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90004	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith-howe, abbie <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith-howe, abbie <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 163/163 Rpt: 166/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 03/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith-howe, abbie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Medford, MA 02155	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) occupational therapist		<b>9</b> Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith-howe, abbie <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith-howe, abbie <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith-howe, abbie <hr/> Contributor address; City; State; Zip Code  Medford, MA 02155	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/30/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$301.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card contribution processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/14/2024	Payee name Alliance 4 LLC	
Amount (\$) \$7,221.81  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5024 Devon Dr  McKinney, TX 75070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2024	Payee name American Express	
Amount (\$) \$13,088.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10285	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creditcard payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name American Express
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<b>6</b> Amount (\$) \$4,529.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10285
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creditcard payment
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/13/2024	Payee name American Express
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Amount (\$) \$788.12  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10285
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creditcard payment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/04/2024	Payee name American Express
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Amount (\$) \$886.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10285
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creditcard payment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/08/2024	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$1,449.65  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10285	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creditcard payment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name American Express	
Amount (\$) \$8,394.69  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10285	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creditcard payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2024	Payee name Bee Compliance LLC	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE, #192  Washington, DC 20003	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign finance consult
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 05/01/2024	<b>5</b> Payee name Bee Compliance LLC
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 611 Pennsylvania Ave SE, #192  Washington, DC 20003
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign finance consult
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Bumperactive.com
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Amount (\$) \$925.86	Payee address; City; State; Zip Code 1045 Reinli St.  Austin, TX 78723
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/29/2024	Payee name Bumperactive.com
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Amount (\$) \$479.75	Payee address; City; State; Zip Code 1045 Reinli St.  Austin, TX 78723
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 02/21/2024	<b>5</b> Payee name Debbits & Credits Bookkeeping
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<b>6</b> Amount (\$) \$1,002.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4117 Hoffman Dr  Woodbridge, VA 22193
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/04/2024	Payee name Debbits & Credits Bookkeeping
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Amount (\$) \$471.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4117 Hoffman Dr  Woodbridge, VA 22193
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/30/2024	Payee name Debbits & Credits Bookkeeping
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Amount (\$) \$487.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4117 Hoffman Dr  Woodbridge, VA 22193
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/28/2024	<b>5</b> Payee name Debbits & Credits Bookkeeping	
<b>6</b> Amount (\$) \$503.75  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4117 Hoffman Dr  Woodbridge, VA 22193	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2024	Payee name Democratic Data Exchange	
Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW, #403  Washington, DC 20010	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter data access
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name First Bank	
Amount (\$) \$49.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking 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.

<b>1</b> Total pages Schedule F1: Sch: 7/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/26/2024	<b>5</b> Payee name First Bank	
<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/31/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$0.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 02/05/2024	<b>5</b> Payee name First Bank	
<b>6</b> Amount (\$) \$49.90  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$22.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$37.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 02/29/2024	<b>5</b> Payee name First Bank
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<b>6</b> Amount (\$) \$0.25	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2024	Payee name First Bank
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking 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 03/27/2024	Payee name First Bank
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Amount (\$) \$22.00	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 03/27/2024	<b>5</b> Payee name First Bank
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<b>6</b> Amount (\$) \$49.90  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/03/2024	Payee name First Bank
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Amount (\$) \$49.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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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 Banking 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 04/26/2024	Payee name First Bank
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Amount (\$) \$22.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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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 Banking fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 04/26/2024	<b>5</b> Payee name First Bank
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<b>6</b> Amount (\$) \$30.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/30/2024	Payee name First Bank
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Amount (\$) \$0.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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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 Banking 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 05/03/2024	Payee name First Bank
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Amount (\$) \$49.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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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 Banking fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 05/24/2024	<b>5</b> Payee name First Bank
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<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/24/2024	Payee name First Bank
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Amount (\$) \$22.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking 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 05/31/2024	Payee name First Bank
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Amount (\$) \$0.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/03/2024	<b>5</b> Payee name First Bank	
<b>6</b> Amount (\$) \$49.90  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$0.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
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 Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$22.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
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 Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2024	Candidate/Officeholder name Office sought Office held	
Payee name First Bank		
Amount (\$) \$22.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
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 Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/28/2024	<b>5</b> Payee name First Bank	
<b>6</b> Amount (\$) \$30.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1380 Monroe St. NW  Lakewood, CO 80219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Gusto	
Amount (\$) \$277.16  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Gusto	
Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 01/11/2024	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/11/2024	Payee name Gusto
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Amount (\$) \$210.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/11/2024	Payee name Gusto
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Amount (\$) \$539.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/11/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$682.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Gusto	
Amount (\$) \$747.42  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Gusto	
Amount (\$) \$1,647.33  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 01/11/2024	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$1,862.87  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Gusto
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Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Gusto
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Amount (\$) \$222.76  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/12/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$877.38  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Gusto	
Amount (\$) \$425.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Gusto	
Amount (\$) \$802.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/30/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$1,800.11  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Gusto	
Amount (\$) \$5,139.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Gusto	
Amount (\$) \$5,328.43  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/30/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$18,244.22  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Gusto	
Amount (\$) \$414.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Gusto	
Amount (\$) \$32,013.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 02/29/2024	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$29,333.46  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/05/2024	Payee name Gusto
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Amount (\$) \$341.12  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2024	Payee name Gusto
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Amount (\$) \$26,556.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 03/29/2024	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$24,990.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/03/2024	Payee name Gusto
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Amount (\$) \$417.88  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/04/2024	Payee name Gusto
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Amount (\$) \$3,587.48  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 04/15/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$29,632.99  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2024	Payee name Gusto	
Amount (\$) \$32,479.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2024	Payee name Gusto	
Amount (\$) \$392.28  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 05/15/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$31,515.86  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$34,366.16  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Gusto	
Amount (\$) \$392.28  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 06/14/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$32,381.55  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Gusto	
Amount (\$) \$27,692.34  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name LGG Group LLC	
Amount (\$) \$2,412.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7905 Cahill Dr  Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign finance consult
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 02/26/2024	<b>5</b> Payee name NGP VAN, Inc
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<b>6</b> Amount (\$) \$31,819.16  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 655 15th St. NW, Ste 650  Washington, DC 20005
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP access fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/27/2024	Payee name NGP VAN, Inc
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Amount (\$) \$7,902.92  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 15th St. NW, Ste 650  Washington, DC 20005
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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 NGP access fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/22/2024	Payee name NGP VAN, Inc
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Amount (\$) \$9,114.30  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 15th St. NW, Ste 650  Washington, DC 20005
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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 NGP access fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Optimize Services LLC
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<b>6</b> Amount (\$) \$1,875.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 90 Canal St  Boston, MA 02114
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Optimize Services LLC
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Amount (\$) \$2,175.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 90 Canal St  Boston, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/13/2024	Payee name Optimize Services LLC
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Amount (\$) \$2,335.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 90 Canal St  Boston, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 04/22/2024	<b>5</b> Payee name Optimize Services LLC
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<b>6</b> Amount (\$) \$2,400.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 90 Canal St  Boston, MA 02114
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/08/2024	Payee name Optimize Services LLC
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Amount (\$) \$2,920.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 90 Canal St  Boston, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/11/2024	Payee name Texas Tool Belt
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Amount (\$) \$3,400.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6717 Mount Carmel St  Houston, TX 77087
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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 services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/23/2024	<b>5</b> Payee name Texas Tool Belt	
<b>6</b> Amount (\$) \$12,834.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6717 Mount Carmel St  Houston, TX 77087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Texas Tool Belt	
Amount (\$) \$16,896.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6717 Mount Carmel St  Houston, TX 77087	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2024	Payee name Texas Tool Belt	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6717 Mount Carmel St  Houston, TX 77087	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/30 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
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<b>4</b> Date 05/28/2024	<b>5</b> Payee name Texas Tool Belt
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<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 6717 Mount Carmel St  Houston, TX 77087
<input type="checkbox"/> Expenditure from corporate funds	

<b>8</b> 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 services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/18/2024	Payee name Texas Tool Belt
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Amount (\$) \$23,422.31	Payee address; City; State; Zip Code 6717 Mount Carmel St  Houston, TX 77087
<input type="checkbox"/> Expenditure from corporate funds	

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 services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/24 Rpt:	<b>2</b>	FILER NAME Battleground Texas	<b>3</b>	Filer ID (Ethics Commission Filers) 00068897
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution American Express		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$387.98	(b) Date of Charge 06/21/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Airbnb		(b) Payee address; City, State, Zip Code 888 Brannan St.  San Francisco, CA 94103	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff retreat	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$457.06	(b) Date of Charge 03/28/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Hotels.com		(b) Payee address; City, State, Zip Code 333 108TH AVE NE  Bellevue, WA 98004	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Lodging for DC travel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$502.09	(b) Date of Charge 01/05/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Airbnb		(b) Payee address; City, State, Zip Code 888 Brannan St.  San Francisco, CA 94103	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Staff onboarding in Collin County	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$2,959.22	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Alliance 4 LLC	(b) Payee address; City, State, Zip Code 5024 Devon Dr McKinney, TX 75070	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Rent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$4,817.87	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Alliance 4 LLC	(b) Payee address; City, State, Zip Code 5024 Devon Dr McKinney, TX 75070	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Rent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$6.27	(b) Date of Charge 04/06/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$14.06	(b) Date of Charge 01/16/2024
<b>7</b> PAYEE	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$14.20	(b) Date of Charge 02/22/2024
<b>PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;                      City,                      State,                      Zip Code 410 Terry Ave  Seattle, WA 98109
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$23.65	(b) Date of Charge 02/24/2024
<b>PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;                      City,                      State,                      Zip Code 410 Terry Ave  Seattle, WA 98109
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$37.88	(b) Date of Charge 02/01/2024
<b>7</b> PAYEE	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$42.80	(b) Date of Charge 02/24/2024
<b>PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;      City,      State,      Zip Code 410 Terry Ave Seattle, WA 98109
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$48.53	(b) Date of Charge 02/22/2024
<b>PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;      City,      State,      Zip Code 410 Terry Ave Seattle, WA 98109
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$51.51	(b) Date of Charge 01/06/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$80.09	(b) Date of Charge 04/14/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$100.00	(b) Date of Charge 02/09/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$109.28	(b) Date of Charge 04/22/2024
<b>7</b> PAYEE	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$155.91	(b) Date of Charge 05/27/2024
<b>PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;      City,      State,      Zip Code 410 Terry Ave  Seattle, WA 98109
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$158.98	(b) Date of Charge 04/09/2024
<b>PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;      City,      State,      Zip Code 410 Terry Ave  Seattle, WA 98109
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$303.65	(b) Date of Charge 01/05/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$504.42	(b) Date of Charge 05/22/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Bumperactive.com	(b) Payee address; City, State, Zip Code 1045 Reinli St Austin, TX 78723	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$614.62	(b) Date of Charge 05/22/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Bumperactive.com	(b) Payee address; City, State, Zip Code 1045 Reinli St Austin, TX 78723	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.25	(b) Date of Charge 05/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.49	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.49	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 9/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.49	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$114.12	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$115.13	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$123.03	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$130.99	(b) Date of Charge 05/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 11/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$138.15	(b) Date of Charge 06/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.25	(b) Date of Charge 06/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.49	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Google	(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email, telephone, cloud services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 12/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Intuit Quickbooks	(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Intuit Quickbooks	(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 03/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Intuit Quickbooks	(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 13/24 Rpt:	<b>2</b>	FILER NAME Battleground Texas	<b>3</b>	Filer ID (Ethics Commission Filers) 00068897
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 05/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 06/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting services	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 14/24 Rpt:	<b>2</b>	FILER NAME Battleground Texas	<b>3</b>	Filer ID (Ethics Commission Filers) 00068897
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.20	(b) Date of Charge 01/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Network Solutions		(b) Payee address; City, State, Zip Code 5335 Gate Pkw Jacksonville, FL 32256	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.20	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Network Solutions		(b) Payee address; City, State, Zip Code 5335 Gate Pkw Jacksonville, FL 32256	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.96	(b) Date of Charge 02/26/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Network Solutions		(b) Payee address; City, State, Zip Code 5335 Gate Pkw Jacksonville, FL 32256	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 15/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.96	(b) Date of Charge 03/25/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Network Solutions	(b) Payee address; City, State, Zip Code 5335 Gate Pkw Jacksonville, FL 32256	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.96	(b) Date of Charge 04/22/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Network Solutions	(b) Payee address; City, State, Zip Code 5335 Gate Pkw Jacksonville, FL 32256	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.96	(b) Date of Charge 05/20/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Network Solutions	(b) Payee address; City, State, Zip Code 5335 Gate Pkw Jacksonville, FL 32256	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 16/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$49.96	(b) Date of Charge 06/17/2024
<b>7</b> PAYEE	(a) Payee name Network Solutions	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$10.71	(b) Date of Charge 01/17/2024
<b>PAYEE</b>	(a) Payee name Office Depot	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;      City,      State,      Zip Code 2101 South Lamar St Austin, TX 78704
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.70	(b) Date of Charge 02/21/2024
<b>PAYEE</b>	(a) Payee name Office Depot	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;      City,      State,      Zip Code 2101 South Lamar St Austin, TX 78704
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 17/24 Rpt:	<b>2</b>	FILER NAME Battleground Texas	<b>3</b>	Filer ID (Ethics Commission Filers) 00068897
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$75.76	(b) Date of Charge 01/18/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 2101 South Lamar St Austin, TX 78704	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$110.42	(b) Date of Charge 04/23/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 2101 South Lamar St Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$135.46	(b) Date of Charge 03/15/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 2101 South Lamar St Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 18/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,391.33	(b) Date of Charge 06/25/2024
<b>7</b> PAYEE	(a) Payee name Pinstack	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,530.74	(b) Date of Charge 06/28/2024
<b>PAYEE</b>	(a) Payee name Pinstack	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Payee address;                      City,                      State,                      Zip Code 500 W Canyon Ridge Dr  Austin, TX 78753
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$181.86	(b) Date of Charge 05/07/2024
<b>PAYEE</b>	(a) Payee name Puttshack	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Payee address;                      City,                      State,                      Zip Code 1200 McKinney, Ste. 100  Houston, TX 77010
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 19/24 Rpt:	<b>2</b>	FILER NAME Battleground Texas	<b>3</b>	Filer ID (Ethics Commission Filers) 00068897
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$181.86	(b) Date of Charge 05/07/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Puttshack		(b) Payee address; City, State, Zip Code 1200 McKinney, Ste. 100 Houston, TX 77010	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$47.41	(b) Date of Charge 03/19/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Schlotzsky's		(b) Payee address; City, State, Zip Code 5105 Balcones Woods Dr Austin, TX 78759	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for team	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$67.10	(b) Date of Charge 01/23/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Schlotzsky's		(b) Payee address; City, State, Zip Code 5105 Balcones Woods Dr Austin, TX 78759	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for team	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 20/24 Rpt:	<b>2</b>	FILER NAME Battleground Texas	<b>3</b>	Filer ID (Ethics Commission Filers) 00068897
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$67.69	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Schlotzsky's		(b) Payee address; City, State, Zip Code 5105 Balcones Woods Dr Austin, TX 78759	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for team	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$124.92	(b) Date of Charge 01/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Schlotzsky's		(b) Payee address; City, State, Zip Code 5105 Balcones Woods Dr Austin, TX 78759	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for team	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$67.50	(b) Date of Charge 02/29/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Triplog		(b) Payee address; City, State, Zip Code 22525 SE 64th PI Ste 2268 Issaquah, WA 98027	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Mileage tracker platform	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 21/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$67.50	(b) Date of Charge 06/28/2024
<b>7</b> PAYEE	(a) Payee name Triplog	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Mileage tracker platform
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$81.00	(b) Date of Charge 04/28/2024
<b>PAYEE</b>	(a) Payee name Triplog	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address; City, State, Zip Code 22525 SE 64th PI Ste 2268 Issaquah, WA 98027
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$81.00	(b) Date of Charge 05/28/2024
<b>PAYEE</b>	(a) Payee name Triplog	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address; City, State, Zip Code 22525 SE 64th PI Ste 2268 Issaquah, WA 98027
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 22/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$94.50	(b) Date of Charge 03/28/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Triplot	(b) Payee address; City, State, Zip Code 22525 SE 64th PI Ste 2268 Issaquah, WA 98027	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Mileage tracker platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$33.76	(b) Date of Charge 02/24/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Walmart	(b) Payee address; City, State, Zip Code 2525 W Anderson Ln Austin, TX 78757	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$45.69	(b) Date of Charge 02/15/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Walmart	(b) Payee address; City, State, Zip Code 2525 W Anderson Ln Austin, TX 78757	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 23/24 Rpt:	<b>2</b> FILER NAME Battleground Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.25	(b) Date of Charge 01/25/2024
<b>7</b> PAYEE	(a) Payee name Walmart	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$93.25	(b) Date of Charge 06/19/2024
<b>PAYEE</b>	(a) Payee name Walmart	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;                      City,                      State,                      Zip Code 2525 W Anderson Ln  Austin, TX 78757
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$184.10	(b) Date of Charge 05/29/2024
<b>PAYEE</b>	(a) Payee name Walmart	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;                      City,                      State,                      Zip Code 2525 W Anderson Ln  Austin, TX 78757
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought                      Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 24/24 Rpt:	<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,159.93
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$188.79	(b) Date of Charge 04/09/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Walmart	(b) Payee address; City, State, Zip Code 2525 W Anderson Ln Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 221/221
<b>2</b> FILER NAME Battleground Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00068897
<b>4</b> Date 01/11/2024	<b>5</b> Name of person from whom amount is received Gusto	<b>8</b> Amount (\$) \$99.38
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Francisco, CA 94107	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Overpayment reimbursement	
Date 01/11/2024	Name of person from whom amount is received Gusto	Amount (\$) \$100.00
	Address of person from whom amount is received; City; State; Zip Code  San Francisco, CA 94107	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Overpayment reimbursement	
Date 04/09/2024	Name of person from whom amount is received Gusto	Amount (\$) \$1,216.57
	Address of person from whom amount is received; City; State; Zip Code  San Francisco, CA 94107	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Overpayment reimbursement	
Date 01/11/2024	Name of person from whom amount is received Gusto	Amount (\$) \$1,236.57
	Address of person from whom amount is received; City; State; Zip Code  San Francisco, CA 94107	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Overpayment reimbursement	