

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084350	<b>2</b> Total pages filed: 16
<b>3</b> COMMITTEE NAME Our Texas		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Alan	
		NICKNAME	LAST SUFFIX
		Metni	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Greenwood Plaza Blvd. Ste. 130  Greenwood Village, CO 80111		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	415-3313	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input 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</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2024		06/30/2024
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Our Texas	<b>13 Filer ID</b> (Ethics Commission Filers) 00084350
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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)	\$ 651.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 120.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 9,630.38
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.

Mr. Alan Metni  
\_\_\_\_\_  
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> Our Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00084350
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 651.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE 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	\$ 120.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/12 Rpt: 4/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alloway, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		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: 2/12 Rpt: 5/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 02/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fairfield, CA 94534	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrative Associate		<b>9</b> Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Caitlin <hr/> Contributor address; City; State; Zip Code  Fairfield, CA 94534	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Administrative Associate		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: 3/12 Rpt: 6/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> <b>6</b> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Partnerships		<b>9</b> Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Partnerships		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Partnerships		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: 4/12 Rpt: 7/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D Price, Neil <hr/> <b>6</b> Contributor address; City; State; Zip Code  London N1 3LQ United Kingdom	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Partnerships		<b>9</b> Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		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: 5/12 Rpt: 8/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 05/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78758	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Regulation		<b>9</b> Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dylla, Emily ..... Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regulation		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan ..... Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Business 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: 6/12 Rpt: 9/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 05/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94102	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Development		<b>9</b> Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holtan, Ryan <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37204	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37204	Amount of Contribution (\$)  \$5.00
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: 7/12 Rpt: 10/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 03/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37204	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37204	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37204	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Tyler <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37204	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan <hr/> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	Amount of Contribution (\$)  \$5.00
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: 8/12 Rpt: 11/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 02/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan <hr/> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan <hr/> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan <hr/> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Meghan <hr/> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	Amount of Contribution (\$)  \$5.00
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: 9/12 Rpt: 12/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	<b>7</b> Amount of Contribution (\$) \$6.00
<b>6</b> Contributor address; City; State; Zip Code  Aumsville, OR 97325		
<b>8</b> Principal occupation / Job title (See Instructions) Writer/Editor		<b>9</b> Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Aumsville, OR 97325		
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Aumsville, OR 97325		
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Aumsville, OR 97325		
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Aumsville, OR 97325		
Principal occupation / Job title (See Instructions) Writer/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: 10/12 Rpt: 13/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlins, Aimee	<b>7</b> Amount of Contribution (\$) \$6.00
<b>6</b> Contributor address; City; State; Zip Code  Aumsville, OR 97325		
<b>8</b> Principal occupation / Job title (See Instructions) Writer/Editor		<b>9</b> Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
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#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
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#: _____ ) Rothlein-Naron, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Littleton, CO 80130		
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: 11/12 Rpt: 14/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 05/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothlein-Naron, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Littleton, CO 80130	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23227	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23227	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23227	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Process manager		Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitehouse, Leah <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23227	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Process 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: 12/12 Rpt: 15/16
<b>2</b> FILER NAME Our Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 05/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehouse, Leah	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23227	
<b>8</b> Principal occupation / Job title (See Instructions) Process manager		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehouse, Leah	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Richmond, VA 23227	
<b>Principal occupation / Job title (See Instructions)</b> Process manager		<b>Employer (See Instructions)</b>

# 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | 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 F1: Sch: 1/1 Rpt: 16/16	<b>2</b> FILER NAME Our Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00084350
<b>4</b> Date 03/12/2024	<b>5</b> Payee name Holland & Knight LLP	
<b>6</b> Amount (\$) \$120.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 98 San Jacinto Blvd, Suite 1900  Austin, TX 78701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Counsel to PAC.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held