# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete t	this form.	Filer ID (Ethics Commis 00081543	ssion Filers)	2 Total pages fil	led: 44
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable Eri	in A.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME LA	 \ST		CLIETIV	07/15/2024	
		viener		SUFFIX	01/10/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY	,	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 184				Receipt#	Amount
Change of Address	Driftwood, TX 78619					
	Dintwood, 1X 70013				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR	RST		MI		
TREASURER NAME	Ms. Zw	viener				
	NICKNAME LAS	ST		SUFFIX		
		n A.		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE);	AP1	/ SUITE #; CIT	Y; STA	ATE; ZIP CODE
TREASURER ADDRESS	900 S. Creekwood Dr.					
(Residence or Business)	Driftwood, TX 78619					
7 CAMPAIGN	AREA CODE PHONE N	IUMBER EX	KTENSION			
TREASURER PHONE	(512) 842-7173					
8 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after ca	mpaign freasurer
		<b>,</b>			appointment (offi	
	X July 15	8th day before el	ection	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	02/25/2024	THE	ROUGH	06/30/20	024	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Priı	mary	Runoff	Other	
	11/05/2024	χGe	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District	45		State Represe	ntative District 45	
	1			1		
		GO TO	D PAGE 2			

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 144

13 C / OH NAME	Zwiener, Erin A. (The	Honorable)	<b>14</b> Filer ID (	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 23,736.50
EXPENDITURE TOTALS		<b>\$</b> 2,970.55		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 146,031.55
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 12,071.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Erin A. Zwiene	er
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	O V EIX OI IE	3 of 144						
<b>18</b> FILER NA Zwiener	AME , Erin A. (The Honorable)	<b>19</b> Filer ID 00081543	(Ethics Commis	sion Filers)				
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,736.50				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	146,031.55				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/84 Rpt: 4/144	
2	FILER NAME Zwiener, Erir	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 02/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_	District	Dripping Springs, TX 78620-3962	O Frankrije (Ostaka da struction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/11/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 78620-3962 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ADAMS, JOHN  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ADAMS, JOHN  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ADAMS, JOHN  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/84 Rpt: 5/144	
2	FILER NAME Zwiener, Erir	A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 05/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_	Distribut	Dripping Springs, TX 78620-3962	9 Europe (0 - leater time			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 05/29/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 78620-3962  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/11/2024	Full name of contributor  uut-of-state PAC (ID#:_ADAMS, JOHN  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ADAMS, JOHN  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_Allen, John  Contributor address; City; State; Zip Code  Dallas, TX 75248-5249			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/84 Rpt: 6/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 06/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Allen, John</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Dallas, TX 75248-5249 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Johnson City, TX 78636-4167 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occa	pation / vob title (oce monucions)	Employer (See Matractions	,		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Apirian, Marilyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Arnold, MD 21012-2417				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Apirian, Marilyn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Principal occu	Arnold, MD 21012-2417 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_Apirian, Marilyn  Contributor address; City; State; Zip Code  Arnold, MD 21012-2417			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/84 Rpt: 7/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	r Filers)
4	Date 06/15/2024	5 Full name of contributor out-of-state PAC (ID#:_Apirian, Marilyn  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Arnold, MD 21012-2417 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	T IIICipai occu	pation 7 300 title (See Instructions)	2 Employer (See manuchons	,		
	Date 06/15/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	Driftwood, TX 78619-9807	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:_ Baethge, Edwina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666-7686				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID#:_ Baethge, Edwina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-7686 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:_Baethge, Edwina  Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/84 Rpt: 8/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 04/24/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Marcos, TX 78666-7686 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	T IIICipai occu	pation / 300 title (See Instituctions)	5 Employer (See Instructions	,		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Baethge, Edwina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666-7686 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation / 300 title (See Instituctions)	Employer (See Instructions	,		
	Date 05/24/2024	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-7686				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/18/2024	Full name of contributor out-of-state PAC (ID#:_ Baethge, Edwina Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666-7686 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, ,, ,			
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_Baethge, Edwina  Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/84 Rpt: 9/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 02/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ Baker, Jayne  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
0	Dringing oggu	San Marcos, TX 78666-3709 pation / Job title (See Instructions)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Jayne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-3709 pation / Job title (See Instructions)	Employer (See Instructions			
	i illoipai ooda	pation / cos title (cos monastions)	Employer (Gee mondone)	,		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Balcombe, April Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78737-4531				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_Balcombe, April  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78737-4531 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_Balcombe, April  Contributor address; City; State; Zip Code  Austin, TX 78737-4531			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/84 Rpt: 10/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Balcombe, April</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78737-4531 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Balcombe, April Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing aggr	Austin, TX 78737-4531	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_Balcombe, April  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78737-4531				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#: Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/84 Rpt: 11/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/27/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Dringing! goog	Kyle, TX 78640-2674	O Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	San Marcos, TX 78666-9480 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Boren, Ryan C. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Dripping Springs, TX 78620-3709				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_Boren, Ryan C.  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_Boren, Ryan C.  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/84 Rpt: 12/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/07/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Boren, Ryan C.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$100.00
_		Dripping Springs, TX 78620-3709				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_ Bridge, Lynn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 78620-3981 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See instructions	)		
	Date 04/13/2024	Full name of contributor out-of-state PAC (ID#:_ Bridge, Lynn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 78620-3981				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ Bridge, Lynn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 78620-3981 pation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_ Bridge, Lynn Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3981	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/84 Rpt: 13/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/03/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Austin, TX 78702-2834 pation / Job title (See Instructions)	9 Employer (See Instructions			
	- Fillelpai occu	pation 7 300 title (See Instituctions)	5 Employer (See Instructions	,		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Burns, Judith Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Delicational	Buda, TX 78610-2513				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ Burns, Judith Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Buda, TX 78610-2513				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Burns, Judith Contributor address; City; State; Zip Code  Buda, TX 78610-2513			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Burns, Judith Contributor address; City; State; Zip Code  Buda, TX 78610-2513	)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/84 Rpt: 14/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ Burns, Judith  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00
_	Dringing Local	Buda, TX 78610-2513	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/30/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78701-2808 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illoipai ooda	pation / vos title (eee metactions)	Employor (Goo moradania	,		
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Dripping Springs, TX 78620-1113				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/84 Rpt: 15/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Carriker, Kathy D</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$50.00
_		Dripping Springs, TX 78620-1113				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Dripping Springs, TX 78620-1113				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Dripping Springs, TX 78620-1113				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/84 Rpt: 16/144	
2	FILER NAME Zwiener, Erii	NAME ner, Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 05/21/2024	5 Full name of contributor  out-of-state PAC (ID#:_ Carriker, Kathy D  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
_		Dripping Springs, TX 78620-1113				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing Lagra	Dripping Springs, TX 78620-1113	Franks or (Cas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/16/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Dripping Springs, TX 78620-1113				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy D Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#: Carriker, Steven Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/84 Rpt: 17/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cassidy, Cindy Luongo & John 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Driftwood, TX 78619-4242				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Catlow, Kate Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78724-5354 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Chavez, Deborah Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Buda, TX 78610-3838				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ Chavez, Deborah Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Buda, TX 78610-3838 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#: Chavez, Deborah Contributor address; City; State; Zip Code  Buda, TX 78610-3838			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/84 Rpt: 18/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 05/29/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
•	Dringing! good	Buda, TX 78610-3838	0 Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_Chavez, Deborah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Buda, TX 78610-3838				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Close, Eleanor Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-2298				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ Close, Eleanor Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-2298 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_Close, Eleanor  Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/84 Rpt: 19/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Close, Eleanor  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
0	Dringing oggu	San Marcos, TX 78666-2298	9 Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Close, Eleanor Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-2298 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/03/2024	Full name of contributor out-of-state PAC (ID#:_ Cofer, Richard Contributor address; City; State; Zip Code  Austin, TX 78701-2007	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Cokinos, Christopher Contributor address; City; State; Zip Code Tucson, AZ 85702-1974			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Colburn, Laura Contributor address; City; State; Zip Code  Austin, TX 78737-4858	)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/84 Rpt: 20/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 03/31/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Austin, TX 78737-4858 pation / Job title (See Instructions)	Employer (See Instructions			
_	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 04/30/2024	Full name of contributor			Amount of Contribution (\$)	\$15.00
	Principal occu	Austin, TX 78737-4858 pation / Job title (See Instructions)	Employer (See Instructions			
	i illoipai ooda	pation / vos title (eee metadotoris)	Employer (Geo metrocione	,		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Colburn, Laura Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
		Austin, TX 78737-4858				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Colburn, Laura Contributor address; City; State; Zip Code  Austin, TX 78737-4858			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/09/2024	Full name of contributor out-of-state PAC (ID#:_ Conyngham, Karen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/84 Rpt: 21/144	
2	FILER NAME Zwiener, Erii	E rin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 05/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78746-4115 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	5 Employer (See Instructions	)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_ Conyngham, Karen  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Deireciant	Austin, TX 78746-4115	Frankrija (God kostrustia)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Cook, Susan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Driftwood, TX 78619-9151				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Cope, Peggy Contributor address; City; State; Zip Code  Austin, TX 78759-5663			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Cody Contributor address; City; State; Zip Code San Marcos, TX 78666-5478	)		Amount of Contribution (\$)	\$35.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/84 Rpt: 22/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 03/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cox, Cody  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$35.00
8	Principal occu	San Marcos, TX 78666-5478 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Cody Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu	San Marcos, TX 78666-5478 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, ,, ,			
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#: Cox, Cody Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$35.00
		San Marcos, TX 78666-5478				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Cody Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu	San Marcos, TX 78666-5478 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Crosson, Doug Contributor address; City; State; Zip Code Driftwood, TX 78619-4439	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/84 Rpt: 23/144	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
	Zwiener, Eri	ner, Erin A. (The Honorable)			00081543	
4	Date 03/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
		North Zulch, TX 77872-6593				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/17/2024	Doerr, David				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-5338				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/17/2024	Full name of contributor out-of-state PAC (ID#: Doerr, David Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-5338				
	Principal occu	ıpation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Doerr, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-5338				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/17/2024	Doerr, David				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-5338				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/84 Rpt: 24/144	
2	FILER NAME Zwiener, Eri	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 02/29/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Blanco, TX 78606-5386 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
_	Fillelpai occu	pation / 300 title (See Instructions)	2 Employer (See Instructions	,		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_Edwards, George  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Austin, TX 78703-2235	Frankrija (Cas Instructiona			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Johnson City, TX 78636-1504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty  Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/30/2024	Full name of contributor out-of-state PAC (ID#: Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/84 Rpt: 25/144	
2	FILER NAME Zwiener, Erii	E irin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_	Dringing Local	Johnson City, TX 78636-1504	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Johnson City, TX 78636-1504 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Johnson City, TX 78636-1504 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Johnson City, TX 78636-1504 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_Elliott, Patty  Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/84 Rpt: 26/144	
2	FILER NAME Zwiener, Erii	E rin A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 06/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ Elliott, Patty  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_	Dringing! goog	Johnson City, TX 78636-1504	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Ellis, Nancy  Contributor address; City; State; Zip Code  San Marcos, TX 78666-2904			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/09/2024	Full name of contributor out-of-state PAC (ID#:_ Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ Farr, Gerald Contributor address; City; State; Zip Code San Marcos, TX 78666-5129			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/84 Rpt: 27/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/03/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Marcos, TX 78666-5129 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_Farr, Gerald  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-5129 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Fenety, Jo Contributor address; City; State; Zip Code Kyle, TX 78640-5268	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Fine, Mary Ellen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_Fine, Mary Ellen  Contributor address; City; State; Zip Code  Austin, TX 78745-2084			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/84 Rpt: 28/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 05/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Fine, Mary Ellen</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78745-2084 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	•	,	. , (			
	Date 06/12/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Austin, TX 78745-2084				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Fisher, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Crosby, TX 77532-7183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_FitzPatrick, Shannon  Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/30/2024	Full name of contributor out-of-state PAC (ID#:_FitzPatrick, Shannon  Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

<ul><li>2 FIL</li><li>Zw</li><li>4 Da</li></ul>	he Instru				
Zw 4 Da	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 26/84 Rpt: 29/144	
4 Da	LER NAME	AME		3 Filer ID (Ethics Commissi	on Filers)
	viener, Erii	r, Erin A. (The Honorable)		00081543	
	ate 1/30/2024	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78667-0832			
8 Pri	incipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Da	ate	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05	5/30/2024	FitzPatrick, Shannon			\$25.00
		Contributor address; City; State; Zip Code			
		San Marcos, TX 78667-0832			
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06	6/30/2024	FitzPatrick, Shannon			\$25.00
		Contributor address; City; State; Zip Code			
		San Marcos, TX 78667-0832			
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Da	ate	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06	6/27/2024	Ford, Karen Lee			\$250.00
		Contributor address; City; State; Zip Code			
		San Marcos, TX 78666-4248			
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02	2/29/2024	Friends of The University Political Action Commit	ttee		\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78763-0552			
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/84 Rpt: 30/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 03/08/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Frohlich, Penelope</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78737-9051 pation / Job title (See Instructions)	9 Employer (See Instructions	)   		
_	i illicipai occu	pation 7 300 title (See matricularis)	5 Employer (See Instructions	')		
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_ Frohlich, Penelope  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Austin, TX 78737-9051	Franks on (Cas Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ Frohlich, Penelope Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78737-9051				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/08/2024	Full name of contributor out-of-state PAC (ID#:_ Frohlich, Penelope  Contributor address; City; State; Zip Code  Austin, TX 78737-9051	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Frohlich, Penelope  Contributor address; City; State; Zip Code  Austin, TX 78737-9051			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/84 Rpt: 31/144	
2	FILER NAME Zwiener, Erii	ME Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 03/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gaboury, Matt  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
_	Deignaignal annu	South Bend, IN 46614-3531	O Franksian (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/10/2024	Full name of contributor out-of-state PAC (ID#:_Gaboury, Matt  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.00
	Principal occu	South Bend, IN 46614-3531 pation / Job title (See Instructions)	Employer (See Instructions	)		
					Assessment of Octobello stices (A)	
	Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Gaboury, Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		South Bend, IN 46614-3531				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/10/2024	Full name of contributor out-of-state PAC (ID#:_ Gaboury, Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Deireitaal	South Bend, IN 46614-3531	Fundament (On a landwarting			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Gaddis, Marilyn Tyler  Contributor address; City; State; Zip Code  San Marcos, TX 78666-1110	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/84 Rpt: 32/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 02/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
0	Dringing oggu	San Marcos, TX 78666-5036 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 03/18/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Kyle, TX 78640-6120 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	о.ра. осоа	paner, cos une (coe menueno)		,		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Gardner, Mark Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640-6120				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID#:_ Gardner, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Kyle, TX 78640-6120 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 06/18/2024	Full name of contributor out-of-state PAC (ID#:_ Gardner, Mark Contributor address; City; State; Zip Code Kyle, TX 78640-6120			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/84 Rpt: 33/144	
2	FILER NAME Zwiener, Eri	ME Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 03/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal	Austin, TX 78723	O Frankrije (Ozakasti zastavsti zastavsti zastavsti zastavsti zastavsti zastavsti zastavsti zastavsti zastavsti			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_Gibbs, Gary  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78723  upation / Job title (See Instructions)	Employer (See Instructions	)		
	•	,	. , (			
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Godmilow, Jill Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.50
		New York, NY 10036-2389				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_ Gondol, John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Principal occu	Holly Lake Ranch, TX 75765-7179  upation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See instructions)	Employer (See Instructions	,		
	Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Gondol, John Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/84 Rpt: 34/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 06/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gondol, John 6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$15.00
		Holly Lake Ranch, TX 75765-7179				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Goodson, Paula Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Buda, TX 78610-3223 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See instructions	,		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_ Goodson, Paula Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Buda, TX 78610-3223				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Goodson, Paula Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Buda, TX 78610-3223 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See matricularis)	Employer (See instructions	,		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Goodson, Paula Contributor address; City; State; Zip Code Buda, TX 78610-3223	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/84 Rpt: 35/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 03/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gray, Anthony  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78737-4609  pation / Job title (See Instructions)	Employer (See Instructions	.)		
<u> </u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Hadden, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78748-2923  pation / Job title (See Instructions)	Employer (See Instructions	()		
		,		,		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Hansen, Paul Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78727-6870				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID#:_ Hansen, Paul  Contributor address; City; State; Zip Code  Austin, TX 78727-6870			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/04/2024	Full name of contributor out-of-state PAC (ID#:_ Hansen, Paul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/84 Rpt: 36/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/04/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
_	Deimainal case	Austin, TX 78727-6870	O Franks or (Cas lastwaters			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_ Harding, Genest  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Delicalis al access	Kyle, TX 78640-5663	Forthern (Contractive time	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Harding, Genest Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
		Kyle, TX 78640-5663				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Harding, Genest Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Principal occu	Kyle, TX 78640-5663 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Timoipai ooda	patient y cos title (cos metastione)	Zimployor (Goo morradione	·)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_ Harding, Genest Contributor address; City; State; Zip Code  Kyle, TX 78640-5663	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/84 Rpt: 37/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 06/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$15.00
_	Delivering	Kyle, TX 78640-5663	O Frankrije (Ozakastavsti za			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Haschke, Gerald  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Dringing! goog	Buda, TX 78610-2827	Employer (Co.) Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Hatfield, David  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Kyle, TX 78640-5381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Henderson, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Buda, TX 78610-3028 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	`				
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_ Henderson, Laura  Contributor address; City; State; Zip Code  Buda, TX 78610-3028	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/84 Rpt: 38/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 05/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	Deignaignal annu	Buda, TX 78610-3028	O Franks var (Can Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Henley, Kelly Contributor address; City; State; Zip Code  Austin, TX 78727-6416	)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ Henley, Kelly Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Dringing occu	Austin, TX 78727-6416 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Henley, Kelly Contributor address; City; State; Zip Code Austin, TX 78727-6416			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Henley, Kelly Contributor address; City; State; Zip Code  Austin, TX 78727-6416			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/84 Rpt: 39/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/29/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Henley, Kelly</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5.00
_	Dein ein al. a ann	Austin, TX 78727-6416	O Frankrije (Con kostansting			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Hiller, Jay  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78726-1375 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ Hiller, Jay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Hiller, Jay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_Hiller, Jay  Contributor address; City; State; Zip Code  Austin, TX 78726-1375			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/84 Rpt: 40/144	
2	FILER NAME Zwiener, Erii	NAME er, Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 06/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78726-1375 pation / Job title (See Instructions)	Employer (See Instructions			
<u> </u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Hisssam, Timothy  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.00
	Principal occu	Pflugerville, TX 78660-7915 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	· · · · · · · · · · · · · · · · · · ·				
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:_ Hisssam, Timothy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.00
		Pflugerville, TX 78660-7915				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ Hisssam, Timothy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.00
	Principal occu	Pflugerville, TX 78660-7915 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_ Hisssam, Timothy Contributor address; City; State; Zip Code Pflugerville, TX 78660-7915			Amount of Contribution (\$)	\$8.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/84 Rpt: 41/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hisssam, Timothy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$8.00
_		Pflugerville, TX 78660-7915				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Holman, Sully Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666-3636 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_Holman, Sully  Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Holman, Sully  Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Holman, Sully Contributor address; City; State; Zip Code San Marcos, TX 78666-3636			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/84 Rpt: 42/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	on Filers)
4	Date 03/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Home Depot Inc PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		Washington, DC 20004-1346				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Hudson, Gary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Anna, TX 75409-5147 pation / Job title (See Instructions)	Employer (See Instructions			
	T Tillelpai occa	pation 7 oob title (oce monuculons)	Employer (See mandellons	,		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Ishibashi, Susie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Kyle, TX 78640-6513				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/25/2024	Full name of contributor out-of-state PAC (ID#:_ Ishibashi, Susie Contributor address; City; State; Zip Code  Kyle, TX 78640-6513			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Ishibashi, Susie Contributor address; City; State; Zip Code  Kyle, TX 78640-6513			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/84 Rpt: 43/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 05/25/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
•	Dringing! good	Kyle, TX 78640-6513	Employer (Coe Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:_ Ishibashi, Susie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Kyle, TX 78640-6513 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See manucuons	,		
	Date 03/18/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Lucy  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		San Marcos, TX 78666-2234				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Lucy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Marcos, TX 78666-2234 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Lucy Contributor address; City; State; Zip Code San Marcos, TX 78666-2234	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/84 Rpt: 44/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/18/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
•	Dringing oggu	San Marcos, TX 78666-2234	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Kaplan, Jill Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Principal occu	wimberley, TX 78676-4914 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, ,, ,			
	Date 06/15/2024	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
		Buda, TX 78610-2613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#:_Kaura, Jana  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3943			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/20/2024	Full name of contributor out-of-state PAC (ID#:_ Kaura, Jana Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/84 Rpt: 45/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 05/20/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_		Dripping Springs, TX 78620-3943				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Kaura, Jana Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 78620-3943 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	· 					
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_ Kempner, Randall Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$529.00
		Austin, TX 78731-6144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ Kennedy, Margaret  Contributor address; City; State; Zip Code  Joshua Tree, CA 92252-0698			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Kennedy, Margaret  Contributor address; City; State; Zip Code  Joshua Tree, CA 92252-0698			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/84 Rpt: 46/144	
2	FILER NAME Zwiener, Erir	ı A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 05/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
0	Principal occu	Houston, TX 77025-4009 pation / Job title (See Instructions)	Employer (See Instructions	·,		
0	Fillicipal occu	Sation / Sob title (See instructions)	Employer (See instructions	·)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#: Kling, Kelsey Altom  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 78620-3962  Dation / Job title (See Instructions)	Employer (See Instructions	i)		
		,	p syst (see see see see	,		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#: Kling, Kelsey Altom  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 78620-3962				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#: Kling, Kelsey Altom  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#: Kling, Kelsey Altom  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/84 Rpt: 47/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	on Filers)
4	Date 04/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
•	Dringing ogg	Wimberley, TX 78676-6323	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_LINEBARGER, Dale  Contributor address; City; State; Zip Code  Austin, TX 78703-3137	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Large-Plasencia, Carolyn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Kyle, TX 78640-5667  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/18/2024	Full name of contributor out-of-state PAC (ID#:_ Laumer, Diane Contributor address; City; State; Zip Code San Marcos, TX 78666-2270			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#: Laumer, Diane Contributor address; City; State; Zip Code San Marcos, TX 78666-2270			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/84 Rpt: 48/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 05/18/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
0	Principal occu	San Marcos, TX 78666-2270 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_Laumer, Diane  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	San Marcos, TX 78666-2270 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#: LeMon, Lynne Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78734-0031 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ LeMon, Lynne Contributor address; City; State; Zip Code Austin, TX 78734-0031	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_ Leatherwood, Rob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/84 Rpt: 49/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ Leatherwood, Rob  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00
_	Dringing Loggy	San Marcos, TX 78666-3845	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/19/2024	Full name of contributor			Amount of Contribution (\$)	\$20.00
	Principal occu	San Marcos, TX 78666-3845  pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 sob title (see instructions)	Employer (See Instructions	,		
	Date 06/19/2024	Full name of contributor out-of-state PAC (ID#:_ Leatherwood, Rob Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		San Marcos, TX 78666-3845				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_Liddle, Melanie  Contributor address; City; State; Zip Code  San Marcos, TX 78666-4920			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/30/2024	Full name of contributor out-of-state PAC (ID#: Liddle, Melanie Contributor address; City; State; Zip Code  San Marcos, TX 78666-4920			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/84 Rpt: 50/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Liddle, Melanie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
•	Dringing ogg	San Marcos, TX 78666-4920 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_Liddle, Melanie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-4920 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	. , (			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Liddle, Melanie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-4920				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76210-4637 pation / Job title (See Instructions)	Employer (See Instructions			
	Timolpai occa	patient y des title (ese metastione)	Employer (Gee metactions	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison  Contributor address; City; State; Zip Code  Denton, TX 76210-4637			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/84 Rpt: 51/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 05/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Denton, TX 76210-4637 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	<i>,</i>		
	Date 06/05/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Dringing ago	Denton, TX 76210-4637	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_Maher, Florence  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Las Vegas, NV 89107-4440				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:_Maher, Helen  Contributor address; City; State; Zip Code  Berlin 10589 Germany			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Maher, Helen  Contributor address; City; State; Zip Code  Berlin, 10589	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/84 Rpt: 52/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 03/14/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Mangan, Karen</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Blanco, TX 78606-1656 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Fillicipal occu	pation 7 Job title (See Instructions)	5 Employer (See Instructions	,		
	Date 04/14/2024	Full name of contributor out-of-state PAC (ID#:_ Mangan, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing age	Blanco, TX 78606-1656	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_ Mangan, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Blanco, TX 78606-1656				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Mangan, Karen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Blanco, TX 78606-1656 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See manuellons)	Employer (See Instructions	,		
	Date 03/23/2024	Full name of contributor out-of-state PAC (ID#:_ Marshall, Virginia Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/84 Rpt: 53/144	
2	FILER NAME Zwiener, Erii	E irin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 04/23/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$75.00
_	Deinsinal	Lewisville, TX 75077-2749				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/23/2024	Full name of contributor out-of-state PAC (ID#:_ Marshall, Virginia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	Lewisville, TX 75077-2749 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/23/2024	Full name of contributor out-of-state PAC (ID#: Marshall, Virginia Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_ McCabe, Diann Contributor address; City; State; Zip Code San Marcos, TX 78666-3451	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/09/2024	Full name of contributor out-of-state PAC (ID#:_McKinney, Carol Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/84 Rpt: 54/144	
2	FILER NAME Zwiener, Erii	ME Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 04/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ McKinney, Carol  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
_		Cypress Mill, TX 78663-8606				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_McKinney, Carol  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Cypress Mill, TX 78663-8606  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/09/2024	Full name of contributor out-of-state PAC (ID#:_ McKinney, Carol Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_McMillan, John  Contributor address; City; State; Zip Code  Wimberley, TX 78676-5923	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#:_ McQueen, Penley  Contributor address; City; State; Zip Code  Austin, TX 78750-3122			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/84 Rpt: 55/144	
2	FILER NAME Zwiener, Eri	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 06/27/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78737-4636 pation / Job title (See Instructions)	Employer (See Instructions			
_	Fillelpai occu	pation / 300 title (See Instructions)	2 Employer (See Instructions			
	Date 06/30/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Dringing agg	Driftwood, TX 78619-9244	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Merritt, Marlene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78751-3730				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_ Merritt, Marlene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78751-3730 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Merritt, Marlene Contributor address; City; State; Zip Code  Austin, TX 78751-3730			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/84 Rpt: 56/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 06/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Merritt, Marlene  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78751-3730 pation / Job title (See Instructions)	Employer (See Instructions	)		
_	i illicipai occa	pation / vob title (oce motivations)	Complete (See manualions			
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Moore, Marsha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Marcos, TX 78666-2523 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See manuchons)	Employer (See Instructions	,		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Musgrove, Mahlin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Buda, TX 78610-4242				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ Musgrove, Mahlin Contributor address; City; State; Zip Code Buda, TX 78610-4242			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_ Musgrove, Mahlin Contributor address; City; State; Zip Code  Buda, TX 78610-4242			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCF	SCHEDULE A1	
	The Instru	The Instruction Guide explains how to complete this form.			e A1: 7/144
2	FILER NAME	AME .		3 Filer ID (Ethics Co	mmission Filers)
	Zwiener, Eri	n A. (The Honorable)		00081543	
4	Date 06/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Musgrove, Mahlin</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contributi	on (\$) \$100.00
		Buda, TX 78610-4242			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 03/08/2024	Full name of contributor X out-of-state PAC (ID#: NABIP Texas PAC	C00283135 )	Amount of Contributi	on (\$) \$250.00
		Contributor address; City; State; Zip Code  Cranford, NJ 07016-2464			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)	
	·	,		,	
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Newlan, Nichole Contributor address; City; State; Zip Code	)	Amount of Contributi	on (\$) \$25.00
		Austin, TX 78737-4529			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	us)	
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ Newlan, Nichole Contributor address; City; State; Zip Code		Amount of Contributi	\$25.00
		Austin, TX 78737-4529			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	us)	
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#:_ Newlan, Nichole Contributor address; City; State; Zip Code		Amount of Contributi	on (\$) \$25.00
		Austin, TX 78737-4529			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	as)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/84 Rpt: 58/144	
2	FILER NAME	AME		3	Filer ID (Ethics Commission Filers)	
	Zwiener, Eri	n A. (The Honorable)			00081543	
4	Date 06/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$25.	00
		Austin, TX 78737-4529				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/13/2024	Newton, Monica			\$10.	00
		Contributor address; City; State; Zip Code				
		Dripping Springs, TX 78620-5316				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/27/2024	Full name of contributor X out-of-state PAC (ID#: C NextEra Energy Inc. PAC Contributor address; City; State; Zip Code	C00064774 )		Amount of Contribution (\$) \$1,000.	00
		Juno Beach, FL 33408-2657				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Nilsson, Patty  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.	00
		Wimberley, TX 78676-3021				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
	02/29/2024	Nuss, Melynda			\$15.	00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704-5056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/84 Rpt: 59/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 03/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Nuss, Melynda</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Austin, TX 78704-5056 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	5 Employer (See Instructions	,		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_Nuss, Melynda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Austin, TX 78704-5056  pation / Job title (See Instructions)	Employer (See Instructions			
	Timelpai occu	pation 7 sob title (see instructions)	Employer (See Instructions	,		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Nuss, Melynda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Austin, TX 78704-5056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Nuss, Melynda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Austin, TX 78704-5056  pation / Job title (See Instructions)	Employer (See Instructions	)		
	•					
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ OBRIEN, THOMAS  Contributor address; City; State; Zip Code  Austin, TX 78737-1720			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/84 Rpt: 60/144	
2	FILER NAME Zwiener, Erii	rin A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 04/08/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	San Marcos, TX 78666-3134 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	T inicipal occu	pation / 300 title (See Instituctions)	5 Employer (See manuchons			
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID#:_ Ogletree, Shirley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Marcos, TX 78666-3134 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				
	Date 06/30/2024	Full name of contributor	)		Amount of Contribution (\$)	\$250.00
		Driftwood, TX 78619-4474				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID#:_ Perri, Shannon Contributor address; City; State; Zip Code  Austin, TX 78745-6825	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID#:_ Perri, Shannon Contributor address; City; State; Zip Code  Austin, TX 78745-6825			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/84 Rpt: 61/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 05/24/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Perri, Shannon</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78745-6825 pation / Job title (See Instructions)	Employer (See Instructions	)		
_	i illoipai ooda	pation / vos title (eee metadatons)	e Employer (eee metrocione			
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Perri, Shannon Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78745-6825 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	. , (			
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Phariss, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Plano, TX 75093-7991				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Pittenger, Mona Contributor address; City; State; Zip Code Fort Lauderdale, FL 33308-2017			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Preston-Werner, Theresa  Contributor address; City; State; Zip Code  Ross, CA 94957-9602			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/84 Rpt: 62/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Prince, Miranda</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$10.00
_	Delicalization of a con-	Des Plaines, IL 60016-2128	O Frankrije (Ozakasta stira			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Ray, Charles  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Driftwood, TX 78619-9712 pation / Job title (See Instructions)	Employer (See Instructions			
		paner, cos ano (cos menastro)		,		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID#:_ Reilly, Jackie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Kyle, TX 78640-8926				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID#:_Reilly, Jackie  Contributor address; City; State; Zip Code  Kyle, TX 78640-8926			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Reilly, Jackie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/84 Rpt: 63/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/24/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Reilly, Jackie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
0	Dringing oggu	Kyle, TX 78640-8926 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_Rivers, Richel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Wimberley, TX 78676-4301 pation / Job title (See Instructions)	Employer (See Instructions	)		
		paner, cos ano (cos menastro)	,p.o.yo. (000ou uuuuu	,		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Robbins, Suzanne Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78737-4638				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_ Robbins, Suzanne Contributor address; City; State; Zip Code  Austin, TX 78737-4638			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Robbins, Suzanne Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 61/84 Rpt: 64/144	
2	FILER NAME Zwiener, Erii	ME Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 06/21/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78737-4638 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Gene Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78747-2688 pation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Linda Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Kyle, TX 78640-4048				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_ Rothstein, Tracy Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459-7351			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Rotman, Toba Contributor address; City; State; Zip Code Flower Mound, TX 75028-3042			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/84 Rpt: 65/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 06/03/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Benbrook, TX 76132-1027 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
_	· ····o.pa. oooa			,		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_SUMMERS, JAMES  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing ogg	San Marcos, TX 78666-8802	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_Salter, Dayna  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Buda, TX 78610-3452				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_Salter, Dayna  Contributor address; City; State; Zip Code  Buda, TX 78610-3452	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_Salter, Dayna  Contributor address; City; State; Zip Code  Buda, TX 78610-3452	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/84 Rpt: 66/144	
2	FILER NAME Zwiener, Erii	ME Erin A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 06/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Salter, Dayna</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
_	Deignaiga I annu	Buda, TX 78610-3452	O Francis var (Can Instructiona			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Sansom, Andrew  Contributor address; City; State; Zip Code  Stonewall, TX 78671-4222			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Schram, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing oggu	Austin, TX 78736-3127 pation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Seidel, Diana M Contributor address; City; State; Zip Code San Marcos, TX 78666-8623			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_Seidel, Diana M  Contributor address; City; State; Zip Code  San Marcos, TX 78666-8623			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 64/84 Rpt: 67/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 05/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Seidel, Diana M 6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	San Marcos, TX 78666-8623 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	')		
	Date 06/07/2024	Full name of contributor	)		Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666-8623 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#:_ Seligman, Charles Contributor address; City; State; Zip Code  Austin, TX 78737-9048			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_Seligman, Charles  Contributor address; City; State; Zip Code  Austin, TX 78737-9048			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#:_Shaw, Terry  Contributor address; City; State; Zip Code  Austin, TX 78737-9067			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/84 Rpt: 68/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/20/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Shaw, Terry</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78737-9067 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Fillelpai occu	pation 7 300 title (See Instituctions)	5 Employer (See Instructions	,		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_Shaw, Terry  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78737-9067 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#: Shaw, Terry Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78737-9067				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Shaw, Terry J  Contributor address; City; State; Zip Code  Austin, TX 78737-9067	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID#:_Shaw, Terry J  Contributor address; City; State; Zip Code  Austin, TX 78737-9067			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 66/84 Rpt: 69/144	
2	FILER NAME Zwiener, Erii	NAME er, Erin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 05/04/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Shaw, Terry J</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78737-9067 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Fillelpai occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_Shaw, Terry J  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78737-9067 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See manuchons	,		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Shimpi, Nikhil Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Brooklyn, NY 11205-3853				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Carole Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Johnson City, TX 78636-4106 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Carole Contributor address; City; State; Zip Code  Johnson City, TX 78636-4106	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 67/84 Rpt: 70/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	on Filers)
4	Date 05/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
_	Duinning Langu	Johnson City, TX 78636-4106	O Familia var (Gan Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/23/2024	Full name of contributor out-of-state PAC (ID#:_ Spears, Randal Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Bainbridge Island, WA 98110-1388 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Spicer, Diane Contributor address; City; State; Zip Code Wimberley, TX 78676-1146			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Steiner, Audrey  Contributor address; City; State; Zip Code  Austin, TX 78723-4613			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID#:_Stone, Briana  Contributor address; City; State; Zip Code  Buda, TX 78610-5123	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 68/84 Rpt: 71/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/24/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
0	Dringing oggu	Buda, TX 78610-5123	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Stone, Briana Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Buda, TX 78610-5123	Fareleyer (Cook batweting	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Stone, Briana Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Buda, TX 78610-5123				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Story, Barbara Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78737-4643 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_ Story, Barbara Contributor address; City; State; Zip Code  Austin, TX 78737-4643			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/84 Rpt: 72/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 05/07/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78737-4643 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	T IIICipai occu	pation 7 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Story, Barbara  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing agg	Austin, TX 78737-4643	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Story, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78737-4643				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_ Strand, Liz Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Buda, TX 78610-2914 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	·				
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Strand, Liz Contributor address; City; State; Zip Code Buda, TX 78610-2914			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/84 Rpt: 73/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	r Filers)
4	Date 04/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
•	Dringing occur	Buda, TX 78610-2914 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_ Strand, Liz Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Buda, TX 78610-2914 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, ,, ,	,		
	Date 05/11/2024	Full name of contributor out-of-state PAC (ID#:_ Strand, Liz Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Buda, TX 78610-2914				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_Strand, Liz  Contributor address; City; State; Zip Code  Buda, TX 78610-2914			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_Strand, Liz  Contributor address; City; State; Zip Code  Buda, TX 78610-2914			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 71/84 Rpt: 74/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	r Filers)
4	Date 06/21/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Buda, TX 78610-2914 pation / Job title (See Instructions)	Employer (See Instructions			
•	Fillicipal occu	pation 7 300 title (See Instructions)	5 Employer (See Instructions	<i>)</i>		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Strand, Liz Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Buda, TX 78610-2914 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See manuchons)	Employer (See Instructions	,		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sudela, Eileen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		San Marcos, TX 78666-6070				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sudela, Eileen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Marcos, TX 78666-6070 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	. , ,			
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sudela, Eileen Contributor address; City; State; Zip Code San Marcos, TX 78666-6070	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 72/84 Rpt: 75/144	
2	FILER NAME Zwiener, Erii	E rin A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Sudela, Eileen</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	San Marcos, TX 78666-6070 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/03/2024	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78737-4676 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Telford, Judith M  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-6400				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Telford, Judith M Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-6400 pation / Job title (See Instructions)	Employer (See Instructions	)		
		·				
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#: Texas AFL-CIO State COPE Fund  Contributor address; City; State; Zip Code  Austin, TX 78711-2727			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/84 Rpt: 76/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 02/27/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Delicalization of a con-	Austin, TX 78757-8155	O Frankrica (Con Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor			Amount of Contribution (\$)	\$750.00
	Principal occu	Addison, TX 75001-3872 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Kathi  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78737-9119 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/20/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Kathi Contributor address; City; State; Zip Code  Austin, TX 78737-9119			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Kathi Contributor address; City; State; Zip Code  Austin, TX 78737-9119			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 74/84 Rpt: 77/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/20/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	Drive in all accord	Austin, TX 78737-9119	O Frankright (Cook looks at least supplier			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing age	Kyle, TX 78640-6466	Employer (See Instructions	_		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Kyle, TX 78640-6466				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Kyle, TX 78640-6466  upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	i illoipai ooda	pation 7 oob tille (eee molituoliene)	Employer (eee medaciene	·)		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Jeff Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/84 Rpt: 78/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 03/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Thrash, Karen  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Marcos, TX 78666-5486  pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 sob title (see instructions)	5 Employer (See manuchons	,		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_ Thrash, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing ago	San Marcos, TX 78666-5486	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Thrash, Karen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-5486				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Thrash, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-5486  pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	, ,, ,			
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Trevino, Victoria Contributor address; City; State; Zip Code Austin, TX 78756-3003	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 76/84 Rpt: 79/144	
2	FILER NAME Zwiener, Eri	in A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Trombley, Bethany  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Dein sin al a ser	Buda, TX 78610-2403	O Frankrica (Con Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_Vogel, Jay  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Driftwood, TX 78619-4400 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#: Waller, Lacy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Kyle, TX 78640-9724				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Waller, Lacy  Contributor address; City; State; Zip Code  Kyle, TX 78640-9724			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID#:_Wallis, Robert  Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 77/84 Rpt: 80/144	
2	FILER NAME Zwiener, Erii	in A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	on Filers)
4	Date 04/24/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	Delicalis al access	San Marcos, TX 78666-1018				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Wallis, Robert Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-1018 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Wallis, Robert Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-1018				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Walmart Inc. PAC Contributor address; City; State; Zip Code  Bentonville, AR 72716	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Walsh, Michael Contributor address; City; State; Zip Code  Kyle, TX 78640-2120	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	INS	SCHEDULE A	1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 78/84 Rpt: 81/144	
2	FILER NAME	E		3 Filer ID (Ethics Commission Filers	5)
	Zwiener, Eri	n A. (The Honorable)		00081543	
4	Date 03/20/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$10	0.00
		Kyle, TX 78640-2120			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)	
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Walsh, Michael Contributor address; City; State; Zip Code		Amount of Contribution (\$)	0.00
		Kyle, TX 78640-2120			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)	
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Walsh, Michael Contributor address; City; State; Zip Code		Amount of Contribution (\$)	0.00
		Kyle, TX 78640-2120			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#: Walsh, Michael Contributor address; City; State; Zip Code		Amount of Contribution (\$)	0.00
		Kyle, TX 78640-2120			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	as)	
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_ Warder, Melissa  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	0.00
	Principal occu	Austin, TX 78737-4516 pation / Job title (See Instructions)	Employer (See Instructions	l as)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/84 Rpt: 82/144	
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 04/19/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78737-4516  pation / Job title (See Instructions)	Employer (See Instructions			
_	Fillicipal occu	pation / 300 title (3ee instructions)	5 Employer (See Instructions	,		
	Date 05/19/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Dringinal occu	Austin, TX 78737-4516  pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 06/19/2024	Full name of contributor out-of-state PAC (ID#: Warder, Melissa Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78737-4516				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Watson, Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78737-9029 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#: Welch, Janna Contributor address; City; State; Zip Code  Austin, TX 78737-8528	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 80/84 Rpt: 83/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	ı Filers)
4	Date 03/28/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78737-8528  spation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 04/28/2024	Full name of contributor out-of-state PAC (ID#:_ Welch, Janna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78737-8528  pation / Job title (See Instructions)	Employer (See Instructions	)		
	-					
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Welch, Janna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78737-8528				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Welch, Janna Contributor address; City; State; Zip Code  Austin, TX 78737-8528			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wernecke, Ellen Contributor address; City; State; Zip Code Chicago, IL 60657-5200	)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 81/84 Rpt: 84/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	Filers)
4	Date 03/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Wernecke, Ellen</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Chicago, IL 60657-5200	O Franks var (Can Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wernecke, Ellen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Delicational	Chicago, IL 60657-5200	Faralassa (Caralassa trastica)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wernecke, Ellen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Chicago, IL 60657-5200				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wernecke, Ellen Contributor address; City; State; Zip Code Chicago, IL 60657-5200			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/09/2024	Full name of contributor out-of-state PAC (ID#:_Whatley, Suzanne  Contributor address; City; State; Zip Code  Austin, TX 78735-6378			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 82/84 Rpt: 85/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 03/20/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$27.00
_	Dein ein al. a ann	Silsbee, TX 77656-6641	O Frankrije (Con kodernsting			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/20/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Patrick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$27.00
	Principal occu	Silsbee, TX 77656-6641  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Timolpai occa	pation 7 oob tale (eee metadolone)	Employer (Geo metrocione	,		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Patrick Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$27.00
		Silsbee, TX 77656-6641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Patrick Contributor address; City; State; Zip Code Silsbee, TX 77656-6641			Amount of Contribution (\$)	\$27.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#: bremer, catherine Contributor address; City; State; Zip Code   Dripping Springs, TX 78620-1317			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 83/84 Rpt: 86/144	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 02/29/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78766-7356  pation / Job title (See Instructions)	Employer (See Instructions	.)		
<u> </u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_deGraffenried, Les  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing Lagran	Alpine, TX 79830-5020	Franks var (Caa katuutia ra	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_deGraffenried, Les  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Alpine, TX 79830-5020				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_deGraffenried, Les  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Alpine, TX 79830-5020  pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#: deGraffenried, Les  Contributor address; City; State; Zip Code  Alpine, TX 79830-5020			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

The Instruction Guide explains now to complete this form.  2 FILER NAME Zwiener, Erin A. (The Honorable)  4 Date 06/15/2024  5 Full name of contributor out-of-state PAC (ID#:) jones, carl Phillip 6 Contributor address; City; State; Zip Code  Spicewood, TX 78669-1813	OULE A1	SCHEDUL	MONETARY POLITICAL CONTRIBUTIONS  The Instruction Guide explains how to complete this form.						
Zwiener, Erin A. (The Honorable)  4 Date		1 Total pages Schedule A1: Sch: 84/84 Rpt: 87/144							
06/15/2024 jones, carl Phillip  6 Contributor address; City; State; Zip Code  Spicewood, TX 78669-1813	ssion Filers)	3 Filer ID (Ethics Commission 00081543							
	\$) \$50.00	7 Amount of Contribution (\$)	06/15/2024 jones, carl Phillip						
			Employer (See Instructions)	9		Principal occu	8		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 1/57 Rpt: 88/144	Zwiener, Erin A. (The Honorable) 00081543	
4	Date	5 Payee name	
	03/06/2024	AM Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$3,500.00	1214 Timbergrove Ln	
		Houston, TX 77008-6361	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Fundraising consulting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	03/20/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$174.38	208 S Akard St	
	Ψ174.50	200 3 Akard St	
		Dallas, TX 75202-4206	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Phone service	
		I hone solvies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	<b>y</b>	
	Date	Payee name	_
	04/22/2024	AT&T	
			_
	Amount (\$) \$179.38	Payee address; City; State; Zip Code  208 S Akard St	
	Φ1/9.50	200 S Akaru St	
		Dallas, TX 75202-4206	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Phone service	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/57 Rpt: 89/144	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/20/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.42	208 S Akard St
		Dallas, TX 75202-4206
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Phone service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 06/20/2024	Payee name AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.42	208 S Akard St
		Dallas, TX 75202-4206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/25/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.49	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
		(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/57 Rpt: 90/144	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/03/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.72	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		online contribution processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	03/05/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.65	PO Box 441146
	Ψ10.00	1 0 20% 441140
		West Somerville, MA 02144-0031
	PURPOSE	(2) 2
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	03/10/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.79	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		online contribution processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/57 Rpt: 91/144	Zwiener, Erin A. (The Honorable) 00081543
4 Date	5 Payee name
03/17/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.94	PO Box 441146
	West Somerville, MA 02144-0031
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense online contribution processing fees
	Offilitie Contribution processing fees
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$31.19	PO Box 441146
	West Somerville, MA 02144-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
experience to serious eye	
Date	Payee name
03/31/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
Amount (\$) \$14.00	Payee address; City; State; Zip Code PO Box 441146
\$14.00	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule)  (b) Description
\$14.00  PURPOSE OF	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
\$14.00	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule)
\$14.00  PURPOSE OF	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T.
\$14.00  PURPOSE  OF  EXPENDITURE	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
\$14.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees  Candidate/Officeholder name  Office sought  Office held
\$14.00  PURPOSE  OF  EXPENDITURE	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees  Candidate/Officeholder name  Office sought  Office held
\$14.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	PO Box 441146  West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 5/57 Rpt: 92/144	Zwiener, Erin A. (The Honorable)	00081543
4	Date 04/07/2024	5 Payee name ActBlue	
6	Amount (\$) \$10.10	7 Payee address; City; State; Zip Code PO Box 441146	
8	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/14/2024	Payee name ActBlue	
	Amount (\$) \$26.19	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/21/2024	Payee name ActBlue	
	Amount (\$) \$23.48	Payee address; City; State; Zip Code PO Box 441146	
		West Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to co	mpl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 6/57 Rpt: 93/144	Zwiener, Erin A. (The Honorable)		00081543
4	Date	5 Payee name		-
	04/28/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$13.79	PO Box 441146		
l				
l		West Somerville, MA 02144-0031		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
l	OF	Fees	` '	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				online contribution processing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	t Office held
l	Date	Payee name		
L	05/05/2024	ActBlue		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$13.69	PO Box 441146		
l				
		West Somerville, MA 02144-0031		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense online contribution processing fees
				orinine contribution processing rees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held
	expenditure to benefit C/OI		3	
H	Date	Payee name		
	05/12/2024	ActBlue		
⊢	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$41.98	PO Box 441146		
l	,			
		West Somerville, MA 02144-0031		
⊢	PURPOSE	(2) 0 :	(h)	) Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 665		Check if Austin, TX, officeholder living expense
l				online contribution processing fees
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	t Office held
	experiulture to beliefft C/OI	1		
_				\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 7/57 Rpt: 94/144	Zwiener, Erin A. (The Honorable)  00081543	
4 Date 05/19/2024	5 Payee name ActBlue	
6 Amount (\$) \$19.23	7 Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
05/26/2024	ActBlue	
Amount (\$) \$64.28	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/02/2024	ActBlue	
Amount (\$) \$12.89	Payee address; City; State; Zip Code PO Box 441146	
	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense online contribution processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/57 Rpt: 95/144	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	06/09/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.51	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online contribution processing fees
		offiline contribution processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/16/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.45	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online contribution processing fees
		offiline contribution processing fees
	Complete ONLY if direct	Condidate/Office helder name Office accords
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/23/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.92	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		online contribution processing fees
	Operation ONLY if all part	Our didn't 10 ff as hadden manner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Event Expense Fees

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 9/57 Rpt: 96/144		Zwiener, Erin A. (The Honorable)				00081543
4	Date	5	Payee name				
	06/30/2024		ActBlue				
6	Amount (\$)	7	Payee address; City; State	e; Zip Cod	de		
	\$156.34		PO Box 441146				
			West Somerville, MA 02144-0031				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sol	hedule)	(b) Description		
	OF EXPENDITURE		Fees	,	<b>=</b>		de of Texas. Complete Schedule T.
	LXI LINDITORE				ш		officeholder living expense
					online contrit	Juli	on processing fees
9	Complete ONLY if divert	L	Candidate/Officeholder name	Office cover	.ht		Office held
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officerolder name	Office soug	jiit		Office field
	Date		Payee name				
	03/06/2024		Angle Mastagni				
	Amount (\$)		Payee address; City; State	e; Zip Cod	de		
	\$21,458.39		507 N Sylvania Ave				
			Fort Worth, TX 76111-2317				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b) Description		
	EXPENDITURE		Advertising Expense		<u> </u>		de of Texas. Complete Schedule T. officeholder living expense
					Phone calls a		
					5		to tuning
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	Jht		Office held
	expenditure to benefit C/O	Н					
	Date		Payee name				
	02/29/2024		Arredondo, Juan				
	Amount (\$)		Payee address; City; State	e; Zip Coo	de		
	\$461.75		200 Patricia Dr				
			San Marcos, TX 78666-7735				
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.
					Salary supple		officeholder living expense
					Juliary Supple	ا ۱۱۱۰	JIII.
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	ıht		Office held
	expenditure to benefit C/OI			,	•		
	rms provided by Tayas F	thio	s Commission www.athics	ctate ty us			Varsion V// 1.0 d278aha(

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/29/2024	Arredondo, Juan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	200 Patricia Dr
		San Marcos, TX 78666-7735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	Davis same
	Date	Payee name
	04/30/2024	Arredondo, Juan
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	200 Patricia Dr
		San Marcos, TX 78666-7735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/31/2024	Arredondo, Juan
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	200 Patricia Dr
		San Marcos, TX 78666-7735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 11/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543	
4	Date	5 Payee name	
	06/28/2024	Arredondo, Juan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$461.75	200 Patricia Dr	
		San Marcos, TX 78666-7735	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Salary supplement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF		
_	Date	Payee name	=
	03/14/2024	Blue Scout Digital	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	2505 Royal Birkdale Dr	
	<b>\$2,000.00</b>	2000 Noyal Billiadio Bi	
		Plano, TX 75025-5067	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Digital consulting	
		2 Ightar Corrotating	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-	Date	Payee name	=
	04/03/2024	Blue Scout Digital	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	2505 Royal Birkdale Dr	
	Ψ300.00	2000 Noyal Birkdale Bi	
		Plano, TX 75025-5067	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Digital consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total pages Schodula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 12/57 Rpt:	Zwiener, Erin A. (The Honorable)
4	Date	5 Payee name
	06/10/2024	Blue Scout Digital
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2505 Royal Birkdale Dr
	• •	•
		Plano, TX 75025-5067
		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		Digital consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	02/29/2024	Brooks, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.08	1109 Lorne Way
	<b>\$200.00</b>	1200 20110 1149
		0 04.0407.5450
		Sunnyvale, CA 94087-5158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Field salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	03/07/2024	Brooks, Jacqueline
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.41	1109 Lorne Way
		•
		Sunnyvale, CA 94087-5158
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field salary
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/57 Rpt:	Zwiener, Erin A. (The Honorable)	00081543
4	Date	5 Payee name	·
	06/03/2024	Bumper Active	
6	Amount (\$) \$242.63	<b>7</b> Payee address; City; State; Zip Code 5907 Burnet Rd	
		Austin, TX 78757-3224	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense online store merchandise
			offillite store merchandise
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Date	Para a same	
	03/08/2024	Payee name CFC Consulting LLC	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$414.50	PO Box 301074	
	Ψ414.30	FO BOX 301074	
		Austin, TX 78703-0018	
	PURPOSE OF	,	Description
l	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Compliance consulting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	04/02/2024	CFC Consulting LLC	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$493.92	PO Box 301074	
		Austin, TX 78703-0018	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Compliance consulting
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		5.1100 11014

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/27/2024	Centro San Marcos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	211 Lee St
		San Marcos, TX 78666-6811
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Fundraiser Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit eror	
	Date	Payee name
	03/07/2024	Charles, Carrington
	Amount (\$)	Payee address; City; State; Zip Code
	\$641.83	1655 Mill St
		San Marcos, TX 78666-6832
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Field salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/11/2024	Payee name
		Charles, Carrington
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.26	1655 Mill St
		San Marcos, TX 78666-6832
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field salary
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/04/2024	Charles, Carrington
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	1655 Mill St
		San Marcos, TX 78666-6832
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gας συρεπα 
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
	03/05/2024	Charles, Carrington
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1655 Mill St
		San Marcos, TX 78666-6832
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas stipend
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	03/04/2024	Compete Digital
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	1317 Potomac Ave SE
		Washington, DC 20003-4411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		Digital consulting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$	-	
L		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 16/57 Rpt:	Zwiener, Erin A. (The Honorable)  00081543
4	Date	5 Payee name
	02/29/2024	Dominguez, Irvin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$602.51	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Field salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2024	Dominguez, Irvin
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,325.21	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
		. Inc.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Lahor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2024	Dominguez, Irvin
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.35	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Field salary
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/29/2024	Dominguez, Irvin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas stipend
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
	Date	Payee name
	03/07/2024	Dominguez, Irvin
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gas superiu
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/07/2024	Dominguez, Irvin
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		gas stipend
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/07/2024	Dominguez, Irvin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		gas stipend
_	Opening ONLY if allowed	One distributed (Office health)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2024	Dominguez, Irvin
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gas superio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/17/2024	Dripping Springs Education Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,010.00	PO Box 479
		Dripping Springs, TX 78620-0479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
		23.14.10.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T-+-1 C-  -	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 19/57 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081543
4	Date	5 Payee name
	06/21/2024	Dripping Springs ISD
6	Amount (\$) \$285.00	7 Payee address; City; State; Zip Code 300 Sportsplex Dr  Dripping Springs, TX 78620-5318
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Escobedo, Tabitha
	Amount (\$)	Payee address; City; State; Zip Code
	\$387.87	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Field salary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2024	Escobedo, Tabitha
	Amount (\$) \$1,357.54	Payee address; City; State; Zip Code  1327 Mission Grande  Apt 514  San Antonio, TX 78221-9834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Field salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/01/2024	Escobedo, Tabitha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gas superiu
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	Escobedo, Tabitha
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1327 Mission Grande
	Ψ10.00	
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas stipend
		gue suprime
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/08/2024	Escobedo, Tabitha
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1327 Mission Grande
	Ψ10.00	
		Apt 514
		San Antonio, TX 78221-9834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gas superia
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/08/2024	Escobedo, Tabitha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gus superiu
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/08/2024	Escobedo, Tabitha
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1327 Mission Grande
		Apt 514
		San Antonio, TX 78221-9834
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas stipend
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	02/26/2024	Frederick Polls
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	350 S 200 E
		Salt Lake City, UT 84111-2410
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Polling
		Toming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		
	·	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 22/57 Rpt:	Zwiener, Erin A. (The Honorable)	00081543		
4	Date	5 Payee name	•		
	03/06/2024	Gonzalez, Victoria			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$484.84	10116 Galisteo Dr			
	ψ 10 1.0 T	10110 Canolog Bi			
		Laredo, TX 78045-6387			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Eabor	el outside of Texas. Complete Schedule T.		
		Field salary	tin, TX, officeholder living expense		
		riciu salaiy			
L			255		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/07/2024	Gonzalez, Victoria			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$258.58	10116 Galisteo Dr			
		Laredo, TX 78045-6387			
_	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trav	el outside of Texas. Complete Schedule T.		
	EXPENDITURE	Salaries/Wages/Contract Eabor	tin, TX, officeholder living expense		
		Field salary	•		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
_	Date	Payee name			
	03/01/2024	Gonzalez, Victoria			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	10116 Galisteo Dr			
		Laredo, TX 78045-6387			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District	el outside of Texas. Complete Schedule T.		
	LXI LINDITORL		tin, TX, officeholder living expense		
		gas stipend			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
L	experiorare to belieff C/OI	1			
1					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Magas/Contract Labor

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/57 Rpt: Zwiener, Erin A. (The Honorable) 00081543 4 Date Payee name 03/05/2024 Gonzalez, Victoria 6 Amount (\$) Payee address; State; Zip Code \$20.00 10116 Galisteo Dr Laredo, TX 78045-6387 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense gas stipend Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2024 Google LLC Amount (\$) Payee address; City; State; Zip Code \$55.76 25 Massachusetts Ave NW Washington, DC 20001-1430 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2024 Google LLC Amount (\$) Payee address: City: State; Zip Code \$61.40 25 Massachusetts Ave NW Washington, DC 20001-1430 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Pa	omicenoider/Politica syment	The Instruction Guide explains how to complete this form.	
1 Total pages	Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543	
4 Date		5 Payee name	
05/01/2024	ļ.	Google LLC	
6 Amount (\$)		7 Payee address; City; State; Zip Code	
	\$61.40	25 Massachusetts Ave NW	
		Washington, DC 20001-1430	
8 PURPOS OF	SE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDIT	URE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Email	
9 Complete O	NI V if direct	Candidate/Officeholder name Office sought Office held	
	to benefit C/O		
Date		Payee name	
06/03/2024		Google LLC	
Amount (\$)		Payee address; City; State; Zip Code	
	\$61.40	25 Massachusetts Ave NW	
		Washington, DC 20001-1430	
PURPOS OF	SE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDIT	URE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Email	
Complete O	NI V if direct	Candidate/Officeholder name Office sought Office held	
	to benefit C/O	•	
		1	
Date		Payee name	
03/15/2024		Hays County Democratic Party	
Amount (\$)		Payee address; City; State; Zip Code	
	\$500.00	215 W San Antonio St	
		San Marcos, TX 78666-5549	
PURPOS	SE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDIT	URF	Contributions/Donations Made By	
27.1 2.13.1	0.1.2	Candidate/Officeholder/Political Committee	
		Donation	
Complete <u>Ol</u> expenditure	<u>NLY</u> if direct to benefit C/O	Candidate/Officeholder name Office sought Office held	
охронация	to borront or o		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/15/2024	Hays-Caldwell Women's Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	PO Box 234
		San Marcos, TX 78667-0234
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	0 1: 01   1/4    1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit eye.	
	Date	Payee name
	02/29/2024	Hinojosa, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,062.30	2209 E 19th St
		Mission, TX 78572-3248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign colon
		Campaign salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2024	Hinojosa, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,062.31	2209 E 19th St
		Mission, TX 78572-3248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	4
1	Total pages Schedule F1: Sch: 26/57 Rpt:	2 FILER NAME  Zwiener, Erin A. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00081543	
4	Date	5 Payee name	
	04/30/2024	Hinojosa, Cynthia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,062.30	2209 E 19th St	
		Mission, TX 78572-3248	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign salary	
		Campaign salary	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
H	Date	Payee name	=
	05/31/2024	Hinojosa, Cynthia	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4,062.31	2209 E 19th St	
	,55=:3=		
		Mission, TX 78572-3248	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign salary	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
H	Date	Payae name	=
	06/28/2024	Payee name Hinojosa, Cynthia	
			4
	Amount (\$) \$4,062.30	Payee address; City; State; Zip Code  2209 E 19th St	
	φ4,002.30	2203 E 1301 Ot	
		Mission, TX 78572-3248	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign salary	
		Campaign salary	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+
	expenditure to benefit C/O		
			7

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/15/2024	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,688.09	DEPARTMENT OF THE TREASURY
		Ogden, UT 84201-0001
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Payroll taxes
		T dyron taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	04/15/2024	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,843.12	DEPARTMENT OF THE TREASURY
		Ogden, UT 84201-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Payroll taxes
		rayiuii taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/15/2024	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,235.23	DEPARTMENT OF THE TREASURY
		Ogden, UT 84201-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZAI ZHBITORZ	Check if Austin, TX, officeholder living expense
		Payroll taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	_egal Services	·		ages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
	·			The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 28/57 Rpt:		Zwiener, Erii	n A. (The Hono	rable)					00081543		
4	Date	5	Payee name									
l	06/17/2024		IRS									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
l	\$1,235.21		DEPARTME	NT OF THE TE	REASURY							
l												
l			Ogden, UT 8	84201-0001								
Ļ	DURDOCE	(0)				1	/b\	<b>B</b> 1.0				
8	PURPOSE OF	(a)		e Categories listed at t		dule)	(a)	Description	outei	de of Teyas Con	nplete Schedule T.	
l	EXPENDITURE		Salaries/wa	ges/Contract La	abor			_		officeholder livin		
l								Payroll taxes				
l												
9	Complete ONLY if direct	(	Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
l	expenditure to benefit C/O	Н										
F	Date	Π	Payee name									
l	03/05/2024		James, Bran	idon								
⊢	Amount (\$)	┢	Payee addres		State:	Zip Co	de					
l	\$875.00		4300 Cromw		Otato,	p						
	40.0.00		1000 0101111	.0 21								
			Kyle, TX 786	340 6400								
L	DUDDOG	ļ.,				Т	<i>a</i> >					
l	PURPOSE OF	(a)		e Categories listed at t		dule)	(a)	Description  Check if travel	outei	de of Teyas Con	nplete Schedule T.	
l	EXPENDITURE		Salaries/wa	ges/Contract La	abor			<b>=</b>		officeholder livin		
								Campaign sa	ılar	y		
Г	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
l	expenditure to benefit C/O	Н										
F	Date		Payee name									
l	03/21/2024		James, Bran	idon								
H	Amount (\$)	$\vdash$	Payee addres	s; City;	State;	Zip Co	de					
l	\$875.00		4300 Cromw	ell Dr								
l			Kyle, TX 786	640-6490								
⊢	PURPOSE	(a)					(h)	Description				
l	OF	(۵)		e Categories listed at t ges/Contract La		aule)	(2)		outsi	de of Texas. Con	nplete Schedule T.	
l	EXPENDITURE		Galaries/ Wa	ges/contract E	aboi			Check if Austin	, TX	officeholder livin	g expense	
l								Campaign sa	ılar	y		
L		L										
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
L	expenditure to benefit C/Ol	п										

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide 6	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 29/57 Rpt:		rin A. (The Honorable	e)				00081543	
4	Date	5 Payee name	9						
	04/03/2024	James, Bra	andon						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode				
	\$775.00	4300 Cron	well Dr						
L		Kyle, TX 7	8640-6490						
8	PURPOSE OF		See Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/W	'ages/Contract Labor			_		de of Texas. Com officeholder living	
						Campaign sa			, 6,,001,00
						1 3	•		
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	<u>I</u> ught			Office he	eld
	Date	Payee name	9						
	04/15/2024	James, Bra	andon						
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$875.00	4300 Cron	nwell Dr	·					
		Kyle, TX 7	8640-6490						
	PURPOSE OF		See Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/W	'ages/Contract Labor			<b>=</b>		de of Texas. Com officeholder living	
						Campaign sa			схрепас
						oapa.g oa			
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>l</u> ught			Office he	eld
F	Date	Payee name	2						
	04/30/2024	James, Bra							
$\vdash$	Amount (\$)	Payee addre		State; Zip C	ohe				
	\$875.00	4300 Cron		State, Zip C	oue				
	φοτ 3.00	4300 Cion	IWEII DI						
		Kyle, TX 7	8640-6490						
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			ш			plete Schedule T.
						Campaign sa		officeholder living	expense
						Campaign sa	liai	/	
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	l labt			Office he	ald
	expenditure to benefit C/OI		ncendidei name	Office SO	uynı			Office He	วเน 
$\vdash$									
L									

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/14/2024	James, Brandon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$875.00	4300 Cromwell Dr
		Kyle, TX 78640-6490
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign salary
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	05/31/2024	James, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$875.00	4300 Cromwell Dr
		Kyle, TX 78640-6490
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Campaign salary
		Campaign salary
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 06/14/2024	Payee name
		James, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$875.00	4300 Cromwell Dr
		Kyle, TX 78640-6490
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign salary
		Campaign salary
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	04/03/2024	James, Brandon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4300 Cromwell Dr
		Kyle, TX 78640-6490
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas stipend
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to berieff C/O	
	Date	Payee name
	06/30/2024	Jennifer Lee Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 1916
		Temple, TX 76503-1916
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	
	Date	Payee name
	05/17/2024	Lauren Simmons Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 56386
		Houston, TX 77256-6386
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Oniceriolde//Folitical Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4 Date	5 Payee name
03/01/2024	Magilley, Nicholas
6 Amount (\$) \$124.67	7 Payee address; City; State; Zip Code 1441 Leah Ave San Marcos, TX 78666-7657
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/07/2024	Magilley, Nicholas
Amount (\$) \$798.83	Payee address; City; State; Zip Code 1441 Leah Ave
	San Marcos, TX 78666-7657
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Field salary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/11/2024	Payee name Magilley, Nicholas
Amount (\$)	Payee address; City; State; Zip Code
\$69.26	1441 Leah Ave
	San Marcos, TX 78666-7657
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Field salary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/04/2024	Magilley, Nicholas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1441 Leah Ave
		San Marcos, TX 78666-7657
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  gas stipend
		gas superiu
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Davido namo
	03/06/2024	Payee name Magilley, Nicholas
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1441 Leah Ave
	\$10.00	1441 Lean Ave
		Con Margae, TV 70666 7657
		San Marcos, TX 78666-7657
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas stipend
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2024	Magilley, Nicholas
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1441 Leah Ave
		San Marcos, TX 78666-7657
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gas superiu
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

### SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/06/2024	Magilley, Nicholas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	1441 Leah Ave
		San Marcos, TX 78666-7657
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas stipend
Ļ	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2024	Magilley, Nicholas
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1441 Leah Ave
		San Marcos, TX 78666-7657
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  gas stipend
		gas superia
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	02/27/2024	Payee name  Mana's Restaurant
	Amount (\$) \$552.08	Payee address; City; State; Zip Code 807 Alabama St
	φ352.06	607 Alabama St
		Can Managa TV 70000 0407
		San Marcos, TX 78666-6107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Catering
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries	Expens Wages	se s/Contract Labor	-	Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI						iler ID	(Ethics Commission Filers)
L	Sch: 35/57 Rpt:	Zwiener, E	rin A. (The Honorable	)				00081543	
4	Date	5 Payee name							
L	03/21/2024	Mano Amig	a						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode	_			
	\$250.00	216 S Wilso	on St						
		San Marco	s, TX 78666-5356						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	ense					e of Texas. Comp fficeholder living	plete Schedule T.
						Fundraising e			
						3	•		
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
L	expenditure to benefit C/O	- <del></del>							
	Date	Payee name							
	03/04/2024	NGP Van I	nc.						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$106.60	1445 New '	York Ave NW						
		Ste 200							
		Washingto	n, DC 20005-2158						
	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expense			<b>—</b>			plete Schedule T.
						Check if Austin,  Database soft			expense
						Dalabase SUII	ινναι	C	
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u> uaht			Office he	eld
	expenditure to benefit C/OI				J				
H	Date	Payee name							
	03/04/2024	NGP Van I							
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$341.12	_	York Ave NW	, — <sub>-</sub>					
		Ste 200							
			n, DC 20005-2158						
	PURPOSE		ee Categories listed at the top o	of this cohedula)	(b)	Description			
	OF		thead/Rental Expense		`~'		outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin,			expense
						Database sof	twar	e	
	Commiste ONU Wife dies	Condition 10	:	O#:				Off: 1	.i.al
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	PIα
	•								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/57 Rpt:	Zwiener, Erin A. (The Honorable)  Callies Commission Filers)  00081543
4	Date	5 Payee name
	04/02/2024	NGP Van Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.60	1445 New York Ave NW
		Ste 200
		Washington, DC 20005-2158
<u>_</u>	DUDDOSE	-
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Database software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	04/02/2024	NGP Van Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	1445 New York Ave NW
		Ste 200
		Washington, DC 20005-2158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Database software
		25,000 55,000
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- parameter solient of of	
	Date	Payee name
L	05/02/2024	NGP Van Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.60	1445 New York Ave NW
		Ste 200
		Washington, DC 20005-2158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Database software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/02/2024	NGP Van Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$341.12	1445 New York Ave NW
		Ste 200
		Washington, DC 20005-2158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Database software
		Salabace contrare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	and the state of t
	Date	Payee name
	06/03/2024	NGP Van Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.60	1445 New York Ave NW
		Ste 200
		Washington, DC 20005-2158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Database software
		Batabase Sollware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	06/03/2024	NGP Van Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	1445 New York Ave NW
		Ste 200
		Washington, DC 20005-2158
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Database software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a estonomy not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 38/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/29/2024	Phoneburner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$157.05	1968 S Coast Highway Laguna Bch
		Laguna Beach, CA 92651
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/29/2024	Phoneburner
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.05	1968 S Coast Highway Laguna Bch
	Ψ137.03	1900 3 Coast Highway Laguria Beri
		Laguna Beach, CA 92651
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising software
		T undraising Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 04/29/2024	Payee name Phoneburner
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.05	1968 S Coast Highway Laguna Bch
		Laguna Beach, CA 92651
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed above)			
	Credit Card Payment		T	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commission File	ers)		
	Sch: 39/57 Rpt:	Z۱	wiener, Erin	A. (The Hono	rable)					00081543				
4	Date	<b>5</b> Pa	ayee name											
	05/29/2024	P	honeburner											
6	Amount (\$)	<b>7</b> Pa	ayee address	; City;	State	; Zip Co	de							
	\$157.05	19	968 S Coas	t Highway Lag	guna Bch									
		l Lá	aguna Beac	h, CA 92651										
8	PURPOSE						(h)	Description						
ľ	OF			Categories listed at undraising Ex		nedule)	(5)		outsi	de of Texas. Com	iplete Schedule T.			
	EXPENDITURE		Ononcacion, i	andraioning Ex	porioo			Check if Austin,	, TX,	officeholder living	g expense			
		Fundraising software												
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder name	(	Office sou	ght			Office h	eld			
	experiorarie to berieff C/O	1												
	Date	Pá	ayee name											
	04/23/2024	P	lanned Pare	enthood of Gre	eater Texas	Inc.								
	Amount (\$)	Pá	ayee address	; City;	State	; Zip Co	de							
	\$500.00	20	01 E Ben W	hite Blvd										
		В	ldg B											
		A	ustin, TX 78	704-7301										
	PURPOSE	(a) C	ategory (See	Categories listed at	the ton of this sch	nedule)	(b)	Description						
	OF EXPENDITURE	ı		/Donations M		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITORE	С	andidate/Of	ficeholder/Po	itical Comn	nittee		<b>—</b>	, TX,	officeholder living	g expense			
								Donation						
	Computate ONLY if diseast		o di dete lOffice			Office co				Office b				
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	enoluer name	,	Office sou	gnı			Office h	eiu			
_		<u> </u>												
	Date	l	ayee name	· · · · · · · · · · · · · · · · · · ·										
	04/04/2024	P	riae of Dripp	oing Springs										
	Amount (\$)	l	ayee address		State	e; Zip Co	de							
	\$500.00	l	6746 Fitzhu	gh Rd										
		l	te 104											
		D	ripping Spri	ngs, TX 7862	0-5462									
	PURPOSE OF			Categories listed at		nedule)	(b)	Description						
	EXPENDITURE			/Donations M ficeholder/Po		oittoo				de of Texas. Com officeholder living	plete Schedule T.			
		`	ai iuiuate/Oi	iicerioidei/Fo	ilicai Comin	iiiiee		Donation	, 170,	omeenoider nving	у ехреное			
	Complete ONLY if direct	Car	ndidate/Office	eholder name		Office sou	ght			Office h	eld			
	expenditure to benefit C/OI						-							

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/09/2024	Proof Liquor & Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	3420 FM 967
		Ste B107
		Buda, TX 78610-3113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Catering
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_	Date	
		Payee name
	02/29/2024	Pullen, Kristina
	Amount (\$)	Payee address; City; State; Zip Code
	\$457.13	4360 Mather
		Kyle, TX 78640-9288
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Field salary
		Fletu Salai y
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davies same
	03/07/2024	Payee name  Pullon, Kristina
		Pullen, Kristina
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.33	4360 Mather
		Kyle, TX 78640-9288
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense
		Field salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
l	03/12/2024	Pullen, Kristina
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 4360 Mather
		Kyle, TX 78640-9288
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		gas stipend
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
l	03/12/2024	Pullen, Kristina
┢	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	4360 Mather
l	Ψ100.00	4500 Matrici
		Kyle, TX 78640-9288
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense
l		gas stipend
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
l	06/11/2024	Rizo, Robert
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$600.00	606 S Old Stagecoach Rd
l	φ000.00	000 3 Old StageCoach Rd
		Kyle, TX 78640-9326
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Contract Mark
		Contract Work
$ldsymbol{f eta}$		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/26/2024	Rogelios Rastaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,015.39	625 S Lbj Dr
		San Marcos, TX 78666-6823
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		catering for event
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2024	Rogelios Rastaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$528.27	625 S Lbj Dr
		San Marcos, TX 78666-6823
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense catering for event
		Catering for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 03/01/2024	Payee name Sanchoz, Adalhorto
		Sanchez, Adalberto
	Amount (\$)	Payee address; City; State; Zip Code
	\$374.02	100 Warden Ln
		Apt 308
		San Marcos, TX 78666-6561
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Field salary
		Tiola Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/07/2024	Sanchez, Adalberto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.64	100 Warden Ln
		Apt 308
		San Marcos, TX 78666-6561
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/05/2024	Sanchez, Adalberto
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	100 Warden Ln
		Apt 308
		San Marcos, TX 78666-6561
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas stipend
		3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2024	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.22	13742 Harper St
		Santa Ana, CA 92703-1419
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Text messages
		. 5.46553.366
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

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

l	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/57 Rpt:	Zwiener, Erin A. (The Honorable)	00081543
4	Date	5 Payee name	
	03/08/2024	Scale to Win	
6	Amount (\$) \$17.48	7 Payee address; City; State; Zip Code 13742 Harper St	
		Santa Ana, CA 92703-1419	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Text messages
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/03/2024	Scale to Win	
	Amount (\$) \$481.35	Payee address; City; State; Zip Code 13742 Harper St	
		Santa Ana, CA 92703-1419	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Text messages for Hays County Democratic Party
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/05/2024	Payee name Scale to Win	
	Amount (\$) \$87.65	Payee address; City; State; Zip Code 13742 Harper St	
		Santa Ana, CA 92703-1419	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Text messages for Hays County Democratic Party
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)

Segueda, Jonathan  6 Amount (\$) 7 Payee address; City; State; Zip Code  \$723.75 719 Galveston St  Laredo, TX 78040-4620  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary
4 Date 03/08/2024 5 Payee name Segueda, Jonathan  7 Payee address; City; State; Zip Code 719 Galveston St  Laredo, TX 78040-4620  8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Segueda, Jonathan  Amount (\$)  7 Payee address; City; State; Zip Code  \$723.75  \$719 Galveston St  Laredo, TX 78040-4620   8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
Segueda, Jonathan  7 Payee address; City; State; Zip Code  \$723.75
\$723.75  T19 Galveston St  Laredo, TX 78040-4620  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
Laredo, TX 78040-4620  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
OF EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Field salary  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
·
Date Payee name
03/01/2024 Segueda, Jonathan
Amount (\$) Payee address; City; State; Zip Code
\$10.00 719 Galveston St
Laredo, TX 78040-4620
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description
OF Travel In District Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  gas stipend
guo supona
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
03/05/2024 Segueda, Jonathan
1 3
Amount (\$) Pavee address: City: State: 7in Code
Amount (\$) Payee address; City; State; Zip Code \$20.00 719 Galveston St
Amount (\$) Payee address; City; State; Zip Code \$20.00 719 Galveston St
\$20.00 719 Galveston St
\$20.00 719 Galveston St  Laredo, TX 78040-4620
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE OF Travel In District  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T.
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas stipend  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas stipend
\$20.00 719 Galveston St  Laredo, TX 78040-4620  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas stipend  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee L	Gift/Awards/Memoria Legal Services			/ages/	/Contract Labor		Travel Out of OTHER (ente		y not listed above)
L				The Instruction (	Juide expiains	now to col	inpie	ete tnis form.				
1	Total pages Schedule F1:	ı							3		•	s Commission Filers)
	Sch: 46/57 Rpt:	_	Zwiener, Eriı	n A. (The Hon	orable)					0008154	3	
4	Date	1	Payee name									
L	03/01/2024	5	Superior Blu	e Strategies II	nc.							
6	Amount (\$)	7 F	Payee addres	s; City;	State	; Zip Co	de					
	\$29,209.44	4	4209 Dandri	dge Ter								
		4	۱exandria, ۱	/A 22309-280	6							
8	PURPOSE	(a) (	Category (See	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EVDENDITUDE		Printing Expe		,	´		Check if travel of	outsi	de of Texas. C	omplete Sch	hedule T.
	EXPENDITURE							Check if Austin,	, TX,	officeholder liv	ring expense	e
								Direct mail				
L												
9	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office	held	
L	expenditure to benefit C/O	H 										
Γ	Date	F	Payee name									
	04/15/2024	5	Superior Blu	e Strategies II	nc.							
	Amount (\$)	F	Payee address	s; City;	State	e; Zip Co	de					
	\$1,500.00	4	4209 Dandri	dge Ter								
		1	ا, اexandria	/A 22309-280	6							
	PURPOSE	(a) c	Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	F	Printing Expe	ense				Check if travel of				
								Check if Austin,	, TX,	, officeholder liv	ring expense	e
								Direct mail				
_												
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	(	Office sou	ght			Office	neld	
	Date	F	Payee name									
	06/03/2024	L 1	Texas Demo	cratic Party S	tate GPAC		_		_			
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$2,500.00	1	1106 Lavaca	St								
		5	Ste 100									
			Austin, TX 7	3701-2170								
	PURPOSE	(a) (	Category (soc	e Categories listed at	the top of this sch	redule)	(b)	Description				
	OF	1	•	s/Donations M	•	cuaic <sub>j</sub>	` '	Check if travel of	outsi	de of Texas. C	omplete Sch	hedule T.
	EXPENDITURE			fficeholder/Pc		nittee		Check if Austin,	, TX,	officeholder liv	ring expense	е
								Contribution				
		L					_		_			
	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/O	Н										
	<del> </del>											

### SCHEDULE F1

Advertising Expense Evi Accounting/Banking Fer Consulting Expense For Contributions/ Donations Made By - Gif

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/22/2024	Texas House LGBTQ Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	PO Box 2910
		Austin, TX 78768-2910
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
_	<u></u>	
	Date	Payee name
	04/24/2024	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$318.71	101 E 15th St
		Austin, TX 78778-1442
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payroll taxes
		T dyron taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5.	
	Date	Payee name
	06/10/2024	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.27	101 E 15th St
		Austin, TX 78778-1442
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Payroll taxes
_	O-market ONE V. F.	On didn't 10 ff a balden name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/26/2024	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	1455 Market St
		San Francisco, CA 94103-1331
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  delivery fee
		delivery lee
_	Commisto ONII V if disport	Candidate/Officeholder some
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.75	1455 Market St
		San Francisco, CA 94103-1331
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		delivery fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2024	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.98	1455 Market St
		San Francisco, CA 94103-1331
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		delivery fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 49/57 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081543
4	Date 02/27/2024	5 Payee name Uber Eats
6	Amount (\$) \$6.89	7 Payee address; City; State; Zip Code 1455 Market St  San Francisco, CA 94103-1331
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense delivery fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/28/2024	Payee name Uber Eats
	Amount (\$) \$3.00	Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense delivery fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/29/2024	Payee name Uber Eats
	Amount (\$) \$3.00	Payee address; City; State; Zip Code  1455 Market St
		San Francisco, CA 94103-1331
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  delivery fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 50/57 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081543	
4	Date 03/01/2024	5 Payee name Uber Eats	
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 1455 Market St	
8	PURPOSE	San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense delivery fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/26/2024	Payee name Uber Eats	
	Amount (\$) \$23.47	Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food delivery	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held	
	Date 02/26/2024	Payee name Uber Eats	
	Amount (\$) \$31.10	Payee address; City; State; Zip Code 1455 Market St	
		San Francisco, CA 94103-1331	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food delivery	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
			_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		pense ages/Co	ontract Labor this form.	7	Travel in District Travel Out of Di OTHER (enter a		e)
1	Total pages Schedule F1:	l		- lala)			T		Filer ID	(Ethics Commission	Filers)
L	Sch: 51/57 Rpt:		Frin A. (The Honora	abie)					00081543		
4	Date 02/27/2024	5 Payee name Uber Eats	е								
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Cod	de					
	\$23.75	1455 Mark	et St								
		San Franc	isco, CA 94103-13	31							
8	PURPOSE	(a) Category (	See Categories listed at the	top of this sche	edule)	(b) D	escription				
	OF EXPENDITURE	Food/Beve	erage Expense			_ _ F	Check if travel on Check if Austin, Cod delivery	TX, o		plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	O	ffice soug	ght			Office h	eld	
	Date	Payee name	e								
	02/27/2024	Uber Eats									
	Amount (\$)	Payee addr	ess; City;	State;	Zip Coo	de					
	\$32.83	1455 Mark	et St								
L		San Franc	isco, CA 94103-13	31							
	PURPOSE OF	(a) Category (	See Categories listed at the	top of this sche	edule)	(b) D	escription				
	EXPENDITURE	Food/Beve	erage Expense				Check if travel o Check if Austin,			plete Schedule T. g expense	
						F	ood delivery				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	O	ffice soug	ght			Office h	eld	
	Date	Payee name	e								
	02/28/2024	Uber Eats									
	Amount (\$)	Payee addr	ess; City;	State;	Zip Coo	de					
	\$32.48	1455 Mark	et St								
		San Franc	isco, CA 94103-13	31							
	PURPOSE	(a) Category (	See Categories listed at the	top of this sche	edule)	(b) D	escription				
	OF EXPENDITURE	Food/Beve	erage Expense			F	Check if travel o Check if Austin,			plete Schedule T.	
						F	ood delivery		senoluci livilli	, experior	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	O	ffice soug	ght			Office h	eld	

### SCHEDULE F1

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

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 52/57 Rpt:	Zwiener, Erin A. (The Honorable)	00081543
4	Date	5 Payee name	
	02/28/2024	Uber Eats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.12	1455 Market St	
		San Francisco, CA 94103-1331	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Od delivery
		FO	ou delivery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_			
	Date	Payee name	
	02/29/2024	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.91	1455 Market St	
		San Francisco, CA 94103-1331	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	1 000/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		·	Check if Austin, TX, officeholder living expense Od delivery
		, FOI	ou delivery
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field
	D-+-		
	Date	Payee name	
	03/01/2024	Uber Eats	
	03/01/2024 Amount (\$)	Uber Eats  Payee address; City; State; Zip Code	
	03/01/2024	Uber Eats	
	03/01/2024 Amount (\$)	Uber Eats  Payee address; City; State; Zip Code  1455 Market St	
	03/01/2024 Amount (\$)	Uber Eats  Payee address; City; State; Zip Code	
	03/01/2024 Amount (\$) \$29.91	Uber Eats  Payee address; City; State; Zip Code 1455 Market St  San Francisco, CA 94103-1331	scription
	03/01/2024 Amount (\$) \$29.91	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	03/01/2024  Amount (\$) \$29.91  PURPOSE OF	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	03/01/2024  Amount (\$) \$29.91  PURPOSE OF	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	O3/01/2024  Amount (\$) \$29.91  PURPOSE OF EXPENDITURE	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Od delivery
	03/01/2024  Amount (\$) \$29.91  PURPOSE OF	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense   (b) Destruction   (b) Destruction   (c) Destruction   (d) Destruction   (d) Destruction   (e) Dest	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	O3/01/2024  Amount (\$) \$29.91  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense   (b) Destruction   (b) Destruction   (c) Destruction   (d) Destruction   (d) Destruction   (e) Dest	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Od delivery
	O3/01/2024  Amount (\$) \$29.91  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Uber Eats  Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense   (b) Destruction   (b) Destruction   (c) Destruction   (d) Destruction   (d) Destruction   (e) Dest	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Od delivery

### SCHEDULE F1

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

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1: Sch: 53/57 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4	Date 03/04/2024	5 Payee name Uber Eats	00001010
6	Amount (\$) \$31.34	7 Payee address; City; State; Zip Code 1455 Market St	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  cod delivery
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/04/2024	Payee name Uber Eats	
	Amount (\$) \$66.87	Payee address; City; State; Zip Code  1455 Market St  San Francisco, CA 94103-1331	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cod delivery
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/05/2024	Payee name Uber Eats	
	Amount (\$) \$35.27	Payee address; City; State; Zip Code 1455 Market St	
		San Francisco, CA 94103-1331	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 54/57 Rpt:	1	rin A. (The Honorat	ole)				00081543	
4	Date	5 Payee name							
	03/18/2024	Uber Eats							
6	Amount (\$) \$28.47	7 Payee addre 1455 Marke San Franci		State; Zip C	ode				
8	PURPOSE OF EXPENDITURE		iee Categories listed at the to	op of this schedule)	(b)	Check if Austin	, TX,	de of Texas. Com officeholder living	
						Food delivery	/		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	05/17/2024	Uber Eats							
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$32.45	1455 Mark	et St						
		San Franci	sco, CA 94103-133	31					
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	roou/beve	rage Expense			Check if Austin	, TX,	officeholder living	
						Food delivery	/		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name				-			
	05/20/2024	Uber Eats							
	Amount (\$)	Payee addre	, ,,	State; Zip C	ode				
	\$30.66	1455 Mark	et St						
		San Franci	sco, CA 94103-133	31			_		
	PURPOSE OF EXPENDITURE	· ·	iee Categories listed at the to rage Expense	op of this schedule)	(b)		, TX,	de of Texas. Com officeholder living	•
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	ught			Office he	eld

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/20/2024	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.83	1455 Market St
		San Francisco, CA 94103-1331
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense  Food delivery
		1 ood delivery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name Uber Eats
	05/22/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.92	1455 Market St
		San Francisco, CA 94103-1331
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/20/2024	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.50	1455 Market St
	42 1.00	
		San Francisco, CA 94103-1331
	DUDDOOF	In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/57 Rpt:	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/08/2024	Waghalter, Elizabeth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$641.40	1436 Breanna Ln
		Kyle, TX 78640-2097
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Field salary
<u>_</u>	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/26/2024	Watson III, Lewis
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1907 W Navaho Trl
		Katy, TX 77449-4902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Video Editing
		Video Editing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 03/05/2024	Payee name Warlov Printing Company Inc.
		Worley Printing Company Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,157.20	3217 N Interstate 35
		Austin, TX 78722-2203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign literature
		Campaign incrature
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### 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		*	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
┝	Total pages Cabadula F1:	12	<u> </u>				2	Filer ID	(Ethics Commission Filers)
ľ	Total pages Schedule F1: Sch: 57/57 Rpt:		Zwiener, Erin A. (The Honorable)				3	00081543	(Ethics Commission Filers)
┝	Date	5	Payee name						
	03/06/2024		Worley Printing Company Inc						
6	Amount (\$)	7	Payee address; City; State	e; Zip Coo	le				
	\$266.30		3217 N Interstate 35 Austin, TX 78722-2203						
8	PURPOSE	(a)		1	ή) Γ	escription			
ľ	OF	اس	Category (See Categories listed at the top of this so Printing Expense	chedule)	, Б П		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Timing Expense		Ē	_		officeholder living	
					C	ampaign lite	erat	ture	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office soug	ht			Office he	eld